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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

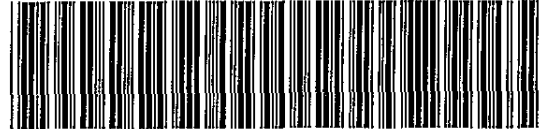
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03 MAR -3 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 21, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Articles of Incorporation - MWSPT Rehab, Corp.

Dear Sir or Madam:

I respectfully request that your office process the enclosed articles of incorporation and accept the enclosed check in the amount of \$87.50 for payment, as follows:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy	\$ 8.75
Certificate of Status	\$ 8.75

Thank you,

Matthew St.Aimee

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MWSPT REHAB. CORP.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Matthew St.Aimee, PT
 16942 SW 113th Court
 Miami, Florida 33157

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MWSPT Rehab, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16942 SW 113th Court
Miami, Florida 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is being organized for the purpose of providing premier rehabilitative services.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of \$1.00 par common stock will be authorized.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Matthew St.Aimee, PT	President
16942 SW 113 th Court	
Miami, Florida 33157	

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Matthew St.Aimee, PT
16942 SW 113th Court
Miami, Florida 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Matthew St.Aimee, PT
16942 SW 113th Court
Miami, Florida 33157

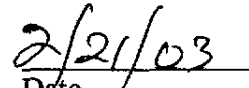
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWSPT Rehab, Corp.

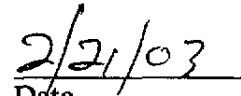
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Date


Signature/Incorporator


Date

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TALLAHASSEE, FLORIDA