P04000050828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

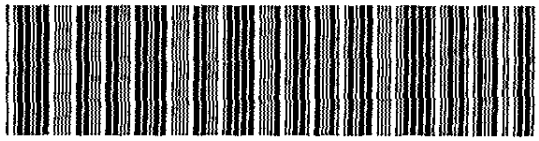
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

04 MAR 19 AM 7:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LVM corporation
(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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Linaflor V. McCoy
Name (Printed or typed)

5679 Forester Pond Ave.
Address

Sarasota, FL. 34243
City, State & Zip

(941) 351-3249
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LVM corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5679 Forester Pond Ave., Sarasota, FL. 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The nature + purposes of this corporation shall be: to provide Therapy services for patients of contracted companies + private Therapy care.

ARTICLE IV SHARES

The number of shares of stock is:

50 shares at $ 5.00 each purchased by the company

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Linaflor V. McCoy - 5679 Forester Pond Ave. Sarasota, FL. 3424

ARTICLE VI REGISTERED AGENT

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

Linaflor V. McCoy - 5679 Forester Pond Ave., Sarasota, FL. 34243

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Linaflor V. McCoy - 5679 Forester Pond Ave., Sarasota, FL - 3424

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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: 3/17/04

Signature/Incorporator — Date: 3/17/04