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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
04 APR -5 PM 3:44

TSO 4/9/04

TRANSMITTAL LETTER

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

SUBJECT: Heidi incorporated
(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: Heidi Martucci
Name (Printed or typed)

8909 Jasmine Blvd
Address

Port Richey Fl 34668
City, State & Zip

727-819-9043
Daytime Telephone number

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

[redacted]

RTICLES OF INCORPORATION

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

ARTICLE I NAME

ie name of the corporation shall be:

Heidi Incorporated

ARTICLE II PRINCIPAL OFFICE

he principal place of business/mailing address is:

8909 Jasmine Blvd
Port Richey, Fl
34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical Therapy

ARTICLE IV SHARES

The number of shares of stock is: 100 shares 1.00 par value per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

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ARTICLE VI REGISTERED AGENT

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

Heidi Marfucci
8909 Jasmine Blvd
Port Richey Fl 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Heidi Marfucci
8909 Jasmine Blvd
Port Richey, Fl 34668

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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

Heidi Marfucci
Signature/Registered Agent — Date

Heidi Marfucci
Signature/Incorporator — Date