

PO4000060475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

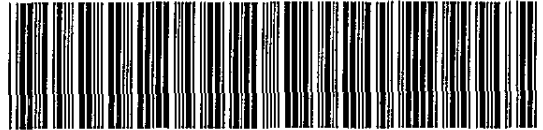
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF REGISTRATION
04 APR -5 PM 3:44

7504/09/04

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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Heidi Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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):

ARTICLE VI REGISTERED AGENT

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

*Heidi Martucci
8909 Jasmine Blvd
Port Richey Fl 34668*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Heidi Martucci
8909 Jasmine Blvd
Port Richey, Fl 34668*

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 Martucci

Signature/Registered Agent

Date

Heidi Martucci

Signature/Incorporator

Date

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DIVISION OF CORPORATE & FINANCIAL SERVICES
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