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04 MAY -3 PM 3:56
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: All Access Rehabilitative, Inc.

(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Paul Francis Licu

Name (Printed or typed)

752 Bocce Court

Address

Palm Beach Gardens, FL 33410

City, State & Zip

561.627.8761

Daytime Telephone number

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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04 MAY -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

All Access Rehabilitative, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

752 Bocce Court
Palm Beach Gardens, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform physical therapy services

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares @ \$.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Francis Licu - President

Beryl Licu - Vice-President

ARTICLE VI REGISTERED AGENT

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

Paul Francis Licu - President
752 Bocce Court
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Francis Licu - President
752 Bocce Court
Palm Beach Gardens, FL 33410

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