

P05000018584

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W05-3686



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2005 FEB -3 PM 3:43
TALLAHASSEE, FLORIDA

ep 2/4/05

TRANSMITTAL LETTER

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

2005 FEB -3 PM 3:43

STATE
TALLAHASSEE FLORIDA

SUBJECT: _____ **DYNAMIC THERAPY INC.**
(Proposed corporate name - must include suffix)

Enclosed is 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 | X |
| ADDITIONAL COPY REQUIRED | | |

FROM: SEAN A WILLIAMS

Name (Printed or Typed)

10527 NW 10TH STREET

Address

PLANTATION, FLORIDA 33322

City, State & Zip Code

DAYTIME TELEPHONE 954-236-0391

CELLPHONE 954-665-7326

Daytime Telephone/Cellphone Number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

2005 FEB -3 PM 3:43

TALLAHASSEE FLORIDA

January 24, 2005

SEAN A. WILLIAMS
10527 NW 10TH STREET
PLANTATION, FL 33322

SUBJECT: DYNAMIC THERAPY INC.
Ref. Number: W05000003686

We have received your document for DYNAMIC THERAPY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Article V, the effective date (year 2005), I need a specific date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 205A00004689

RECEIVED
05 FEB -3 AM 10:32

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

DYNAMIC PHYSICAL THERAPY & SPORT ENHANCEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**DYNAMIC PHYSICAL THERAPY & SPORT ENHANCEMENT INC.
C/O SEAN A WILLIAMS
10527 NW 10TH STREET
PLANTATION, FLORIDA 33322**

2005 FEB -3 11:34:43
ALL ABOUT FLORIDA

ARTICLE III PURPOSE OF CORPORATION

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE V EFFECTIVE DATE OF CORPORATION

Year 2005

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

**LEONA J RAY
4321 NW 7TH STREET
PLANTATION, FLORIDA 33317**

ARTICLE VII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

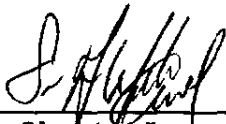
**SEAN A WILLIAMS
10527 NW 10TH STREET
PLANTATION, FLORIDA 33322**

ARTICLE VIII OFFICERS OF CORPORATION

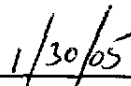
TITLE: PRESIDENT
SEAN A WILLIAMS
10527 NW 10TH STREET
PLANTATION, FLORIDA 33322

2005 FEB -3 PM 3:43

STATE
ALLAHASSEE FLORIDA



Signature/Incorporator



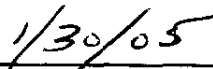
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date