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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Functional Integrative Therapies, 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  
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: Vincent A. Cambrea  
Name (Printed or typed)

1208 N.W. 6<sup>th</sup> Street  
Address

Gainesville, FL 32601  
City, State & Zip

(352) 256-4532  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 3, 2005

VINCENT A. CAMBREA  
1208 NW 6TH ST.  
GAINESVILLE, FL 32601

SUBJECT: FUNCTIONAL INTEGRATIVE THERAPIES, INC.  
Ref. Number: W05000036765

We have received your document for FUNCTIONAL INTEGRATIVE THERAPIES, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please put the name of the registered agent, the director, and the incorporator in the place provided in your articles. You only put the addresses.

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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 405A00050124



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 8, 2005

VINCENT A. CAMBREA  
1208 NW 6TH ST.  
SUITE A  
GAINESVILLE, FL 32601

SUBJECT: FUNCTIONAL INTEGRATIVE THERAPIES, INC.  
Ref. Number: W05000036765

We have received your document for FUNCTIONAL INTEGRATIVE THERAPIES, 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):

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Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 405A00050124

## TRANSMITTAL LETTER

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

SUBJECT: Functional integrative therapies, 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  
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: Vincent Cambrea  
Name (Printed or typed)

2725 SW 27<sup>th</sup> Ave T-4  
Address

Gainesville, FL 32608  
City, State & Zip

352-256-4532  
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)

**ARTICLE I NAME**

The name of the corporation shall be: *Functional Integrative Therapies, inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1208 NW 6th Street Suite A  
Gainesville, FL 32601*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

*50*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Vincent Cambrea  
2725 SW 27th Ave T-4  
Gainesville, FL 32608*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Vincent Cambrea  
2725 SW 27th Ave T-4  
Gainesville, FL 32608*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Vincent Cambrea  
2725 SW 27th Ave T-4  
Gainesville, FL 32608*

\*\*\*\*\*

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

*Vincent Cambrea*

Signature/Registered Agent

*9/12/05*

Date

*Vincent Cambrea*

Signature/Incorporator

*9/12/05*

Date

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