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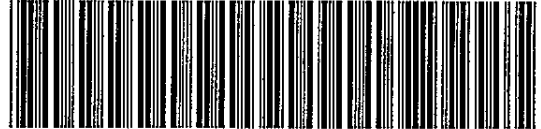
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: OVIDO INJURY & WELLNESS CENTER 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: V. MARTIN ROSSER III
Name (Printed or typed)

1000 EXECUTIVE DR SUITE 2
Address

OVIDO FL 32765
City, State & Zip

407 687 5415 (c) 407 977-5005 (w)
Daytime Telephone number

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

ARTICLES OF INCORPORATION

of

OVIEDO INJURY & WELLNESS CENTER INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

OVIEDO INJURY & WELLNESS CENTER INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$.10 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>1000 EXECUTIVE DR. SUITE 2</u>		
CITY	<u>OVIEDO</u>	FLORIDA	<u>FL</u>
		ZIP	<u>32765</u>

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	
		ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>MARTIN RESSLER</u>		
ADDRESS	<u>811 FAETH ST</u>		
CITY	<u>MAETLAND</u>	FLORIDA	<u>FL</u>
		ZIP	<u>32751</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

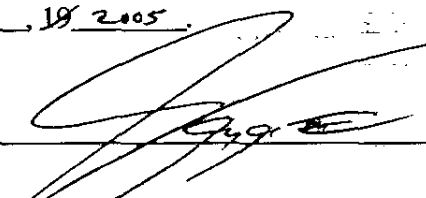
NAME	<u>V MARTIN RESSLER III</u>		
ADDRESS	<u>811 FAETH ST</u>		
CITY	<u>MAETLAND</u>	STATE	<u>FL</u> ZIP <u>32751</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>V MARTIN RESSLER III</u>		
ADDRESS	<u>811 FAETH ST</u>		
CITY	<u>MAETLAND</u>	STATE	<u>FL</u> ZIP <u>32751</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 11 day of OCTOBER, 19 2005.


 _____ (Signature)
 _____ (Signature)
 _____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

OVIEDO INJURY & WELLNESS CENTER INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted.
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

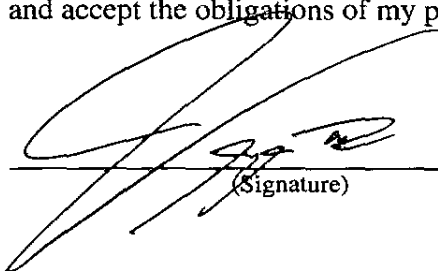
at 1000 EXECUTIVE DR. SUITE 2
OVIEDO FL 32765

has named V. MARTIN RESSLER III

located at the aforesaid address, as its registered agent to accept service of process within this
state.

811 FAITH ST
MAELAND FL 32751

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 regis-
tered 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)

10/11/5
(Date)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA