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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

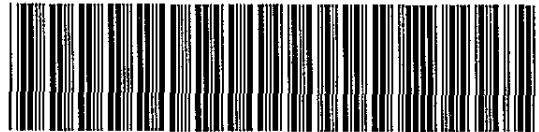
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50-12-01

COVER LETTER

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

SUBJECT: ABC Therapies of Florida, 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: Cheryl Townsend
Name (Printed or typed)

PO Box 195428
Address

Winter Springs, Florida 32719
City, State & Zip

407-340-2718
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:

ABC Therapies of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 195428

Winter Springs, Florida 32719

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A company developed to provide collaborative therapies to the community with needs.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cheryl Townsend PO Box 195428 Winter Springs, FL 32719 (Director)

David Townsend 421 Woodcrest Street Winter Springs, FL 32708 (Manager)

ARTICLE VI REGISTERED AGENT

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

David Townsend

421 Woodcrest Street

Winter Springs, Florida 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cheryl Townsend

PO Box 195428

Winter Springs, Florida 32719

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

David Townsend

Signature/Registered Agent

Cheryl Townsend

Signature/Incorporator

10/12/2005

Date

10/12/2005

Date

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2005 OCT 17 A 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA