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(Re	questor's Name)			
— (Ad	dress)			
————(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT:	PINA PHYSICAL THERAPY, INC.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	CHRISTINE C.	PINA (Printed or typed)		
	10002 NW 60T	TH PLACE		
	PARKLAND, FL	_ 33076 State & Zip		
	(954) 464-4064 Daytime T	elephone 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:	
PINA PHYSICAL Therapy, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
10002 NW 60th Place	
Parkland, FL 33076	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Physical Therapist	
f in discourse from the second	9
ARTICLE IV SHARES	06 APR 21
The number of shares of stock is:	Ž 2
1000 Shares of Common Stock	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	크
The name(s) and address(es):	2:
Christine C. Pina - Pres	9
10002 NW 60th Place PARK LAND FL 33076 ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
Christine C. Pina	
10002 NW 60th Place	
Parkland, FL 33076 ARTICLE VII INCORPORATOR	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
	
Christine C. Pina 10002 NW Goth Place	
Parkland, FL 33076	

Having been named as registered agent to accept service of process for the above stated corporation at the cruificase. Lan familiar with and accept the appointment as registered agent and agree to act in this capac	piace designated in this ity

Signature/Incorporator

LISA J. VON HOFFE

Notory Public - State of

MyCommission # D0229

Signature/Registered Agent

LISA J. VON HOFFEN
Notary Public - State of Florida
My Commission # DD292687
Boncied by Notional Notary Agri.