P06000082740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

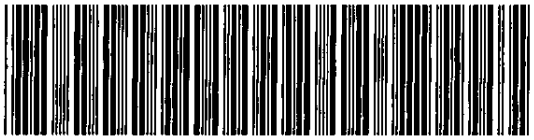
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2006 JUN 19 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JUN 19 2006

COVER LETTER

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

SUBJECT: Jodi Jainchill Physical Therapy, 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: Jodi Jainchill
Name (Printed or typed)

15808 NW 90 St.
Address

Alachua, FL 32615
City, State & Zip

352-222-0924
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Jodi Jainchill Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15808 NW 90 St.
Alachua, FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal businesses

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President and Director: Jodi Jainchill
15808 NW 90 St.
Alachua, FL 32615

ARTICLE VI REGISTERED AGENT

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

Jodi Jainchill
16407 NW 88 terr.
Alachua, FL 32615

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jodi Jainchill
16407 NW 88 terr.
Alachua, FL 32615

****

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

Jodi Jainchill

Signature/Registered Agent — Date

Jodi Jainchill

Signature/Incorporator — Date