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06 JUN 20 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/21/06

COVER LETTER ●

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06 JUN 20 PM 4: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Lakes Therapy Services, PA

(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: Laura B. Seiverd

Name (Printed or typed)

2839 Lake Saxon Drive

Address

Land O Lakes, Florida 34639

City, State & Zip

813.235.6207

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:

Lakes Therapy Services, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2839 Lake Saxon Drive
Land O Lakes, Florida 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Therapy services

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Laura B. Seiverd
2839 Lake Saxon Drive
Land O Lakes, Florida 34639

ARTICLE VI REGISTERED AGENT

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

Laura B. Seiverd
2839 Lake Saxon Drive
Land O Lakes, Florida 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura B. Seiverd
2839 Lake Saxon Drive
Land O Lakes, Florida 34639

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

Laura Seiverd
Signature/Registered Agent

6/15/06
Date

Laura Seiverd
Signature/Incorporator

6/15/06
Date