

PA 000093082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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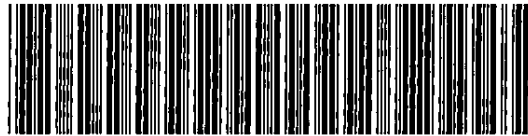
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: VIVACITY 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: LISA KENNEDY c/o THE TAX SHELTER

Name (Printed or typed)

2440 WALL STREET, SUITE A

Address

CONYERS, GA 30013

City, State & Zip

770.929.3040

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:

VIVACITY PHYSICAL THERAPY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5325 PAYLOR LANE, SUITE 100
SARASOTA, FL 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTENDS TO ENGAGE IN THE BUSINESS OF PHYSICAL THERAPY

ARTICLE IV SHARES

The number of shares of stock is:

FIVE (500) HUNDRED SHARES WITH A PAR VALUE OF ONE DOLLAR (\$1.00) EACH, DESIGNATED AS CLASS A COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTHA L. CASTLEBERRY, PRES.
20 MARIETTA STREET NW, UNIT 4-D
ATLANTA, GA 30303

ARTICLE VI REGISTERED AGENT

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

MARTHA L. CASTLEBERRY, PRES.
5325 PAYLOR LANE, SUITE 100
SARASOTA, FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTHA L. CASTLEBERRY, PRES.
20 MARIETTA STREET NW, UNIT 4-D
ATLANTA, GA 30303

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

Martha L. Castleberry
Signature/Registered Agent

6-23-06
Date

Martha L. Castleberry
Signature/Incorporator

6-23-06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA