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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
AND ANASSEF, FI ORIDA

D. WHITE OCT 23 2007

TRANSMITTAL LETTER Cold Ms. Leona Ray 4321 NW 7th St Plantation, FL 33317 SUBJECT: ___ LISA M CASSEL INC (Proposed corporate name - must include s

Enclosed is 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	\$87.50	X
Filing Fee	Filing Fee,	
& Certified	Certified copy	
Сору	& Certificate	
	of Status	
ADDITIONAL C	OPY REQUIRED	

FROM: LISA M CASSEL

Department of State

P. O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Name (Printed or Typed)

9615 BLUE STONE CIRCLE

Address

FT MYERS, FLORIDA 33913

City, State & Zip Code

DAYTIME TELEPHONE 239-220-1194

CELLPHONE 239-229-1926

Daytime Telephone/Cellphone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Busin (I) 123 P 4: 04 Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Corporation shall be:

LISA M CASSEL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

LISA M CASSEL INC

C/O LISA M CASSEL 9615 BLUE STONE CIRCLE FT MYERS, FLORIDA 33913

ARTICLE III PURPOSE OF CORPORATION

ANY AND ALL LAWFUL BUSINESS PERTAINING TO PHYSICAL THERAPY FOR LEE COUNTY, FLORIDA SCHOOL CHILDREN.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

LEONA J RAY 4321 NW 7TH STREET PLANTATION, FLORIDA 33317

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LISA M CASSEL 9615 BLUE STONE CIRCLE FT MYERS, FLORIDA 33913

FILED

ARTICLE VII OFFICERS OF CORPORATION

The name and address of the officers to these Articles of Incorporation are:

2007 OCT 23 P 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TITLE: PRESIDENT

LISA M CASSEL 9615 BLUE STONE CIRCLE FT MYERS, FLORIDA 33913

913

II ((///) () ignature/incorporator

Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date