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COVER LETTER

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

Tahanassec, FL 323	14				
SUBJECT: All American PTA, 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 ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Joseph Logue Name (Printed or typed)				
6706 Red Reef Street Address Lakeworth, FL 33467 City, State & Zip 561-6856945 Daytime 'felephone 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:

All American PTA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6706 Red Reef Street Lakeworth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide home health care for physical therapy

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: Joseph Logue

6706 Red Reef St

Lakeworth, FL 33467

ARTICLE VILL EFFECTIVE DATE

October 12, 2007

FILED

2007 OCT 26 P 4: 13

SECRETARY OF STATE

FILED

	ARTICLE VI	REGISTERED AGENT	8000			
	The name and Flor	da street address (P.O. Box NOT acceptable) of the regis	tered agent is: [VIII] OCT 26 P Lt: 13			
((Joseph Logue		-			
6706			STATE ARY OF STATE			
	Lakeworth, FL 33	467	SECRETARY OF STATE MLLAHASSEE, FLORIDA			
	ARTICLE VII	INCORPORATOR				
	The name and addr	ess of the Incorporator is:				
	Joseph Logue					
6706	Red Reef Street					
	Lakeworth, FL 334	167				
	****	*******************	**********************			
	Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this					
	certificate from familiar with und accept the appointment as registered agent and agree to act in this capacity					
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	Signature	Kegistered Agent	Date			
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	Signature	Incorporator	Date			
	// / Signature	nicorporator	Dut			