

P07000131336

(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



900113016539

12/12/07--01013--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 12 PM 3:22

FILED

12/12/07

COVER LETTER

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

SUBJECT: KO 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: KRISTINE OBLIGACION

Name (Printed or typed)

4406 COHUNE PALM COURT

Address

GREENACRES, FL 33463

City, State & Zip

561-234-8685

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:

KO PHYSICAL THERAPY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**4406 COHUNE PALM COURT
GREENACRES, FL 33463**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY SERVICES

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):

**KRISTINE OBLIGACION, PRES/DIRECTOR
4406 COHUNE PALM COURT
GREENACRES, FL 33463**

FILED
07 DEC 12 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

KRISTINE OBLIGACION,
4408 COHUNE PALM COURT
GREENACRES, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KRISTINE OBLIGACION,
4408 COHUNE PALM COURT
GREENACRES, FL 33463

Kristine Obligation

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

Kristine Obligation

Signature/Registered Agent

12/9/07

Date

Kristine Obligation

Signature/Incorporator

12/9/07

Date

Kristine Obligation

FILED
07 DEC 12 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA