

P08000055658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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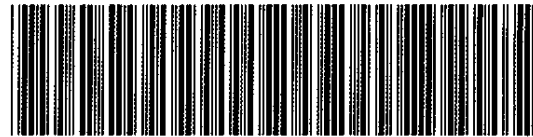
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN -5 AM 10:43

W08000026362

EP 6/6/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2008

BRANDI SMITHSON
1475 NW 126TH TERRACE
SUNRISE, FL 33323

SUBJECT: BREAKTHROUGH OCCUPATIONAL THERAPY SERVICES, INC.
Ref. Number: W08000026362

We have received your document for BREAKTHROUGH OCCUPATIONAL THERAPY SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 608A00033719

COVER LETTER

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

SUBJECT: Breakthrough Occupational Therapy Services, 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: Brandi Smithson

Name (Printed or typed)

1475 NW 126th Terrace

Address

Sunrise, Florida 33323

City, State & Zip

804-301-3331

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:

Breakthrough Occupational Therapy Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12545 Orange Drive, Suite 502, Davie FL 33330

mailing address: 1475 NW 126th Terrace Sunrise FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal purpose

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brandi Smithson, President

1475 NW 126th Terrace

Sunrise FL 33323

ARTICLE VI REGISTERED AGENT

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

Kimberly Bloom

8075 NW 15th Manor

Plantation FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brandi Smithson

1475 NW 126th Terrace

Sunrise FL 33323

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

Kimberly Bloom

Signature/Registered Agent

6/4/08

Date

Brandi Smithson

Signature/Incorporator

6/4/08

Date

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DIVISION OF CORPORATIONS
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