

PO800000L45100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

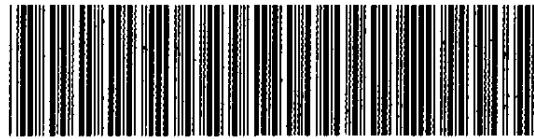
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08 JUL - 7 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PD

COVER LETTER

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

SUBJECT: Romero's Physical Therapy Rehabilitation, 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: Alida V. Romero
Name (Printed or typed)

6631 West 14th avenue
Address

Hialeah, Florida 33012
City, State & Zip

786-312-4216
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:

Romero's Physical Therapy Rehabilitation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Alida V. Romero
6631 West 14th Avenue
Hialeah, Florida 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional rehabilitative service.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alida V. Romero, 6631 West 14th Avenue, Hialeah, Florida 33012

ARTICLE VI REGISTERED AGENT

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

Alida V. Romero, 6631 West 14th Avenue, Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

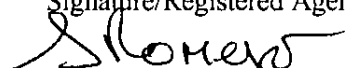
The name and address of the Incorporator is:

Alida V. Romero, 6631 West 4th Avenue, Hialeah, Flo

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



Signature/Registered Agent



Signature/Incorporator

7-1-08

Date

7-1-08

Date

FILED
08 JUL -7 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA