

P08000065260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

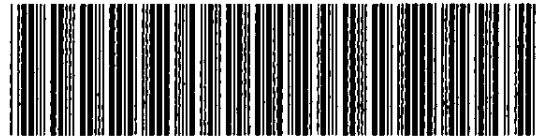
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL -9 PM 4:35

EP 7/9/08

## COVER LETTER

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

**SUBJECT:** Therapy Pro, 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:** Kristin Murillo  
Name (Printed or typed)

1000 SW 134 Ave  
Address

Davie, Florida 33325  
City, State & Zip

954-559-5613  
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:

Therapy Pro, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

1000 SW 134 Ave  
Davie, Florida 33325

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide therapeutic physical care.

### **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):

Kristin Murillo, President  
1000 SW 134 Ave  
Davie, Florida 33325

### **ARTICLE VI REGISTERED AGENT**

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

Kristin Murillo, President  
1000 SW 134 Ave  
Davie, Florida 33325

### **ARTICLE VII INCORPORATOR**



The name and address of the Incorporator is:

Kristin Murillo, President  
1000 SW 134 Ave  
Davie, Florida 33325

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*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

July 6, 2008

\_\_\_\_\_  
Date

July 6, 2008

\_\_\_\_\_  
Date