# P08000072289

(Requestor's Name)			
•			
(Address)			
· ·			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP · WAIT MAIL			
(Business Entity Name)			
(Dusiness Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
•			
·			





100133805211

08/01/08--01010--007 \*\*78.75

ZOBO AUG - I PM 1: 49

Cf.8-1

### **COVER LETTER**

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

`	eutic Rehab and Consulting Inc (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	JUDE SUFFIX)
osed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>Pri</u>	da Maylor Name 6875 SW 21st Street	e (Printed or typed)	
	Miramar, Florida 33023	Address y, State & Zip	
	Cit	y, State & Zip	

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)

## FILED

2038 AUG - 1 PM 1:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

Therapeutic Rehab and Consulting Inc

#### ARTICLE II PRINCIPAL OFFICE

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

6875 SW 21st Street Miramar, Florida 33023

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide physical therapy/rehabilitation.

#### 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): Prida Maylor, President 6875 SW 21st Street Miramar, Florida 33023

#### ARTICLE VI REGISTERED AGENT

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

Prida Maylor 6875 SW 21st Street Miramar, Florida 33023

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Prida Maylor 6875 SW 21st Street

Miramar, Florida 33023

***********	**********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered ag	
	July 25, 2008
Signature/Registered Agent	Date
	July 25, 2008
/Signature/Incorporator	Date