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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies Certificates of Status				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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APPHOVED

COVER LETTER

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

SUBJECT: INTER	GLOBAL THERAPY, INC. (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Mi	chelle L. Alvarado	e (Printed or typed)	
	5311 SW 5th Terrace	Address	
	Coral Gables, FL 33134	y, State & Zip	
	(786) 478-2002	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: Inter Global Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5311 SW 5th terrace

Coral Gables, Fl 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be able to incorporate and provide skilled therapy services to a variety of populations.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michelle L. Alvarado OTR/L 5311 SW 5th terrace Coral Gables, Fl 33134

President

ARTICLE VI REGISTERED AGENT

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

Michelle L. Alvarado OTR/L 5311 SW 5th terrace

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelle L. Alvarado OTR/L 5311 SW 5th terrace Coral Gables, FL 33134

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

Michelle L. Alvarado
Signature/Registered Agent Michael Alumado / Michelle L. Alvarado
Signature/Incorporator