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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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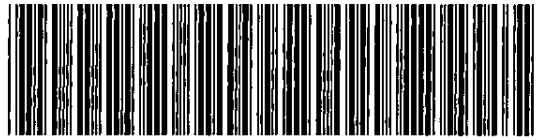
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28

COVER LETTER

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

SUBJECT: PHYSICAL THERAPY INSTITUTE AND AQUATIC REHAB 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DEANNA K. KELLY

Name (Printed or typed)

2050 RUSSETT WAY

Address

CARSON CITY, NV 89703

City, State & Zip

888-274-1130

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:

PHYSICAL THERAPY INSTITUTE AND AQUATIC REHAB INC.

ARTICLE II PRINCIPAL OFFICE

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

2651 IRMA LAKE DR., WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is:

75,000 SHARES OF COMMON STOCK WITH NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN PAPA 2651 IRMA LAKE DR. WEST PALM BEACH, FL 33411 *PRES, SEC, TREAS, DIR

ARTICLE VI REGISTERED AGENT

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

JOHN PAPA 2651 IRMA LAKE DR. WEST PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BUDGET CORP

DEANNA K. KELLY, MANAGER

2050 RUSSETT WAY, CARSON CITY, NV 89703

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/Registered Agent

10/30/08
Date

Signature/Incorporator

Signature/Incorporator

10/30/08
Date

FILED
08 NOV -5 AM 12:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA