

P09000025642

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000065207 3)))



H090000652073ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

joseph del vicario, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

APPROVALS
AND
FILED

09 MAR 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

09 MAR 19 PM 4:43

Handwritten signature

H09000065207

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: JOSEPH DEL VICARIO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2630 SAWYER TERRACE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHYSICAL THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): JOSEPH DEL VICARIO
2630 SAWYER TERRACE
WELLINGTON, FL 33414

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
JOSEPH DEL VICARIO
2630 SAWYER TERRACE
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
JOSEPH DEL VICARIO
2630 SAWYER TERRACE
WELLINGTON, FL 33414

Having been named as registered agent to accept service of process for the above named 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

3/19/09

Date



Signature/Incorporator

3/19/09

Date

H09000065207

09 MAR 19 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED