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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 803-2736  
Fax Number : (305) 265-4622

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
09 MAY 22 PM 4:52

FLORIDA PROFIT/NON PROFIT CORPORATION

PROFESSIONAL THERAPY SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2009 MAY 22 P 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I**

**NAME**

The name of the corporation shall be: PROFESSIONAL THERAPY SERVICES, CORP.

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

13374 S.W. 73 TERRACE  
MIAMI, FL. 33183

**ARTICLE III**

**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

GRETTER PINO  
13374 S.W. 73 TERRACE  
MIAMI, FL. 33183

Prepared by: GRETTER PINO  
13374 S.W. 73 TERRACE  
MIAMI, FL. 33183  
786 247-3875

Electronically Sent By: BUSINESS LICENSES, INC.  
7951 S.W. 40 ST. (BIRD RD.) #201  
MIAMI, FL. 33155  
PH # (305) 267-4022

**ARTICLE V  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GRETTER PINO  
13374 S.W. 73 TERRACE  
MIAMI, FL. 33183

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of MAY, 2009.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PROFESSIONAL THERAPY SERVICES, CORP.

2. The name and address of the registered agent and office is:

GRETTER PINO  
13374 S.W. 73 TERRACE  
MIAMI, FL. 33183

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

(DATE) 05-22-09