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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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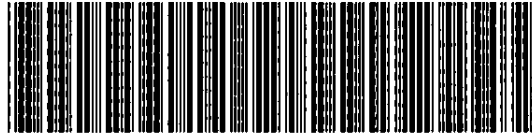
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

09 JUN 15 AM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: **Tulip Occupational Therapy, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **Tulip Occupational Therapy, Inc.**
Name (Printed or typed)

1032 Wilmington Drive
Address

Deltona, FL 32725
City, State & Zip

386-479-3783
Daytime Telephone number

mcjackman@cfl.rr.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

09 JUN 15 AM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Tulip Occupational Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**1032 Wilmington Drive
Deltona, FL 32725**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

**Marieta Jackman, President
1032 Wilmington Drive
Deltona, FL 32725**

ARTICLE VI REGISTERED AGENT

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

**Marieta Jackman
1032 Wilmington Drive
Deltona, FL 32725**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

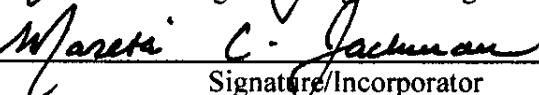
**Marieta Jackman
1032 Wilmington Drive
Deltona, FL 32725**

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

06/09/2009
Date



Signature/Incorporator

06/09/2009
Date