

P10000024924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

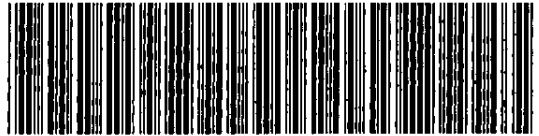
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2P 3/22/10

COVER LETTER

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

SUBJECT: GAIL GODDARD P.T. INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: GAIL GODDARD
Name (Printed or typed)

113 BRYAN BLVD
Address

PLANTATION FL 33317
City, State & Zip

786-879-1510
Daytime Telephone number

JUJUBRAN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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:

GAIL GODDARD P.T. INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

113 BRYAN BLVD
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH PHYSICAL THERAPY.

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):

GAIL GODDARD - 113 BRYAN BLVD, PLANTATION FLORIDA
- Physical Therapist.

ARTICLE VI REGISTERED AGENT

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

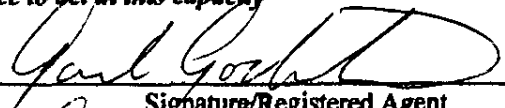
GAIL GODDARD
113 BRYAN BLVD
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GAIL GODDARD
113 BRYAN BLVD
PLANTATION, FL 33317

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

3/14/10
Date

 / GAIL GODDARD

Signature/Incorporator

3/14/10
Date

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TALLAHASSEE, FLORIDA