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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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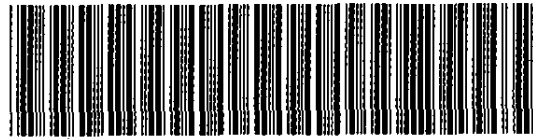
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 NOV -5 PM 2:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

174

COVER LETTER

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

SUBJECT: Active Pain and Injury, 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: Christa N. Thomas
Name (Printed or typed)

2313 Independence Ave
Address

Oviedo, FL 32765
City, State & Zip

321-231-3536
Daytime Telephone number

CNThomas01@gmail.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: Active Pain and Injury, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1403 Medical Plaza Drive
Suites 108/109
Sanford, FL 32771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christa N. Thomas
Address: 2313 Independence Ave
Oviedo, FL 32765
Manager

Name and Title: _____
Address: _____

Name and Title: Herbert Donald Hill Sr.
Address: 231 burning tree drive
Kissimmee, FL 34744
MANAGER

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Christa N. Thomas
Address: 2313 Independence Ave
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Herbert Donald Hill Sr.
Address: 231 burning tree drive
Kissimmee, FL 34744

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

Christa Thomas

Required Signature/Registered Agent

11/04/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Herbert Donald Hill Sr.

Required Signature/Incorporator

11/04/10

Date