

P10000102014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

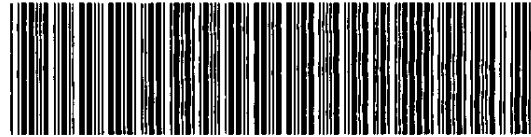
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200188706322

12/17/10--01008--013 **78.75

FILED
10 DEC 17 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/20

COVER LETTER

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

SUBJECT: PROFESSIONALS THERAPY STAFFING SERVICES INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

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

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

ADDITIONAL COPY REQUIRED

FROM: HUGO N. REYES
Name (Printed or typed)

14236 SW 148 AVE
Address

MIAMI, FL 33196
City, State & Zip

305-803-6345
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED

10 DEC 17 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I – NAME

The name of the corporation shall be:

PROFESSIONALS THERAPY STAFFING SERVICES INC

ARTICLE II – PRINCIPAL OFFICE

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

**14236 SW 148 AVE
MIAMI, FL 33196**

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 NO PAR VALUE

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**HUGO N. REYES
14236 SW 148 AVE
MIAMI, FL 33196**

FILED

10 DEC 17 PM 1:21

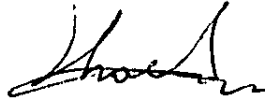
ARTICLE V – INCORPORATORS(S)

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

HUGO N. REYES – PRESIDENT
14236 SW 148 AVE
MIAMI, FL 33196

RAICEL A. DELGADO - V-PRESIDENT
14236 SW 148 AVE
MIAMI, FL 33196

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST day of December, 2010



Signature

ARTICLE VI – DIRECTOR(S)

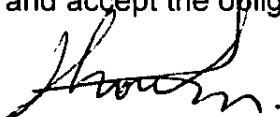
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

HUGO N. REYES – PRESIDENT
14236 SW 148 AVE
MIAMI, FL 33196

RAICEL A. DELGADO - V-PRESIDENT
14236 SW 148 AVE
MIAMI, FL 33196

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent