

PI10000048940

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2011 MAY 23 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
5-24-11

COVER LETTER

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

SUBJECT: BIG TREE THERAPY CENTER, 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: LUZMARIA VELASQUEZ

Name (Printed or typed)

18287 NW 6TH STREET

Address

PEMBROKE PINES, FL 33029

City, State & Zip

786 222 5602

Daytime Telephone number

info@bigtreetc.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 23 PM 2:30

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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: **BIG TREE THERAPY CENTER, INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
18287 NW 6TH STREET
PEMBROKE PINES, FL 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Therapy Center.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUZMARIA VELASQUEZ, PRESIDENT	Name and Title: _____
Address: 18287 NW 6TH STREET	Address: _____
PEMBROKE PINES, FL 33029	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

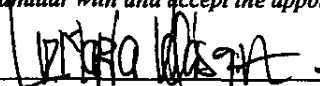
Name: **LUZMARIA VELASQUEZ**
Address: **18287 NW 6TH STREET**
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LUZMARIA VELASQUEZ**
Address: **18287 NW 6TH STREET**
PEMBROKE PINES, FL 33029

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

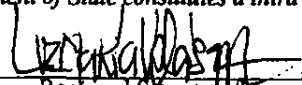


Required Signature/Registered Agent

05/18/2011

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.



Required Signature/Incorporator

05/18/2011

Date

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TALLAHASSEE, FLORIDA