

711000053187

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TALLAHASSEE, FLORIDA

J. Gathers JUN 07 2011
W11-2P523
524

COVER LETTER

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

SUBJECT: Totot Pediatric Occupational Therapy Services, P.A., 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: Jackie De Nio

Name (Printed or typed)

3571 Magellan Circle #347

Address

Aventura, FL 33180

City, State & Zip

305 803 6568

Daytime Telephone number

Tototservices@gmail.com

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

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

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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: Totot Pediatric Occupational Therapy Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3571 Magellan Cir #347
Aventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To independently provide occupational therapy services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jackie De Nio

Address: 3571 Magellan Cir #347
Aventura, FL 33180

Name and Title:

Address:

Name and Title:

Address:

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: Jackie De Nio

Address: 3571 Magellan Cir #347
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jackie De Nio

Address: 3571 Magellan Cir #347
Aventura, FL 33180

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

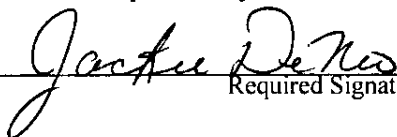


Required Signature/Registered Agent

06/02/2011

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

06/02/2011

Date

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TALLAHASSEE, FLORIDA