

P11000056388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

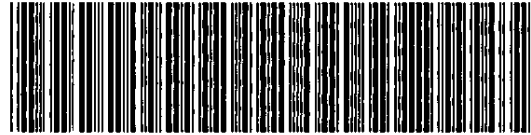
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 16 PM 4:15

31522



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2011

INGRISS TRAVIESO
2100 W 76 ST #209
HIALEAH, FL 33016

SUBJECT: PREMIER THERAPY AND REHABILITATION GROUP, INC.
Ref. Number: W11000031527

We have received your document for PREMIER THERAPY AND REHABILITATION GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 811A00014159

COVER LETTER

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

SUBJECT: PREMIER THERAPY AND REHABILITATION GROUP, 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

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

FROM: INGRISS TRAVIESO
Name (Printed or typed)

2100 W. 76 STREET # 209
Address

HIALEAH, FLORIDA 33016
City, State & Zip

786-260-5486
Daytime Telephone number

INGRISSTRAVIESO@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

PREMIER THERAPY AND REHABILITATION GROUP, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2100 WEST 76 STREET
SUTE 209
HIALEAH, FLORIDA 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: INGRISS TRAVIESO P
Address: 2100 WEST 76 ST
SUITE 209
HIALEAH, FLORIDA 33016

Name and Title: _____
Address: _____

Name and Title: MANUEL A NUNEZ VP
Address: 2100 WEST 76 ST
SUITE 209
HIALEAH, FLORIDA 33016

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:

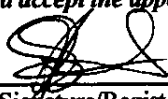
Name: INGRISS TRAVIESO
Address: 2100 W 76 STREET # 209
HIALEAH, FLORIDA 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INGRISS TRAVIESO
Address: 2100 W 76 STREET # 209
HIALEAH, FLORIDA 33016

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

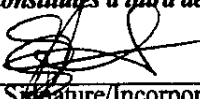


Required Signature/Registered Agent

06/06/2011

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

06/06/2011

Date

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