

P11000062269

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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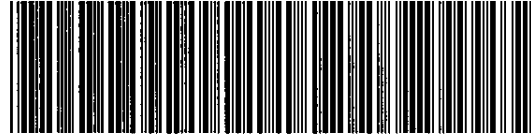
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: A & L THERAPY, 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: JERALDINE VEGA
Name (Printed or typed)

9601 FONTAINEBLEAUE BLVD # 516
Address

MIAMI FL, 33172
City, State & Zip

786-308-5672
Daytime Telephone number

altherapy1@yahoo.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:

A & L THERAPY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

JERALDINE VEGA
9601 FONTAINEBLEAU BLVD
APT 516 MIAMI FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL ENTERPRISES

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JERALDINE VEGA / PRESIDENT
Address: 9601 FONTAINEBLEAU BLVD
APT 516 MIAMI FL 33172

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: JERALDINE VEGA
Address: 9601 FONTAINEBLEAU BLVD
APT 516 MIAMI FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JERALDINE VEGA
Address: 9601 FONTAINEBLEAU BLVD
APT 516 MIAMI FL 33172

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

6/30/11
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

6/30/11
Date