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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L Burch NOV 28 2011

COVER LETTER

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

SUBJECT: ELIZABETH PROFESSIONAL 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: YOSELYANIS HERNANDEZ ABAD
Name (Printed or typed)

10427 SW 6TH ST
Address

MIAMI, FL 33174
City, State & Zip

(786) 274-9609
Daytime Telephone number

yoselyanis@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

ELIZABETH PROFESSIONAL THERAPY INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

10427 SW 6TH ST
MIAMI, FL 33174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yoselyanis Hernandez Abad (Pres)

Address: 10427 SW 6th ST
Miami, FL 33174

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: Yoselyanis Hernandez Abad

Address: 10427 SW 6th Street
Miami, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yoselyanis Hernandez Abad

Address: 10427 SW 6th Street
Miami, FL 33174

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

11/17/2011

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

11/17/2011

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA