

PR2000047271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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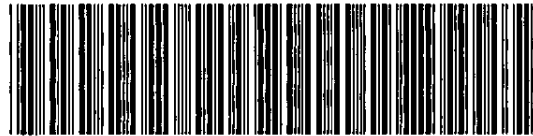
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-24902

K 05/22/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 MAY 21 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 4, 2012

SUSAN DOHERTY  
15097 HAMLIN BLVD  
LOXAHATCHEE, FL 33470

SUBJECT: SOUTH FLORIDA MOBILE THERAPY, INC.  
Ref. Number: W12000024902

We have received your document for SOUTH FLORIDA MOBILE THERAPY, 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.

You must list a Registered Agent with a complete business street address.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00013533

## COVER LETTER

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

SUBJECT: South Florida Mobile 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: Susan Doherty  
Name (Printed or Typed)  
15097 Hamlin Blvd  
Address  
Loxahatchee, FL 33470  
City, State & Zip  
561-951-3812  
Daytime Telephone number  
3sue.doherty@comcast.net  
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:

South Florida Mobile Therapy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15097 Hamlin Blvd.  
Loxahatchee, FL  
33470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Health Care Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Susan Doherty, President

Address: 15097 Hamlin Blvd.

Loxahatchee, FL  
33470

Name and Title: Bryan Doherty - secretary

Address: 15097 Hamlin Blvd.

Loxahatchee, FL  
33470

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: Susan Doherty  
Address: 15097 Hamlin Blvd  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Doherty  
Address: 15097 Hamlin Blvd  
Loxahatchee, FL 33470

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

Susan M Doherty

Required Signature/Registered Agent

5/1/12

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.

Susan M Doherty

Required Signature/Incorporator

5/1/12

Date

12 MAY 21 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA