

P 12000051461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

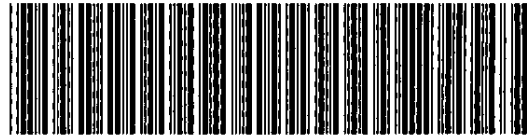
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W12000022080

505-611-619



200229368822

04/19/12--01025--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -4 PM 3:55

7/15/12

COVER LETTER

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

SUBJECT: Right Moves 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: Richard Sprafkin

Name (Printed or typed)

5616 SE Lamay Dr

Address

Stuart, FL 34997

City, State & Zip

772-215-2765

Daytime Telephone number

murphy7983@aol.com

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

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DIVISION OF CORPORATIONS
12 JUN -4, PM 3:55

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JUN -4 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 9, 2012

RICHARD SPRAFKIN
5616 SE LAMAY DRIVE
STUART, FL 34997

SUBJECT: RIGHT MOVES
Ref. Number: W120C0022080

We have received your document for RIGHT MOVES 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 712A00013805

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -4 PM 3:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2012

RICHARD SPRAFKIN
5616 SE LAMAY DRIVE
STUART, FL 34997

RECEIVED MAY 7 2012

SUBJECT: RIGHT MOVES OR RIGHT MOVES THERAPY
Ref. Number: W12000022080

We have received your document for RIGHT MOVES OR RIGHT MOVES THERAPY 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 is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the name of the corporation in Article I.

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 212A00012328

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DIVISION OF CORPORATIONS
12 JUN -4 PM 3:55

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: Right Moves Therapy Inc.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
5616 SE Lamay Dr
Stuart, FL 34997

Mailing address, if different is
5616 SE Lamay Dr
Stuart, FL 34997
MAY 14 PM 3: 55

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Physical Therapy Business

ARTICLE IV SHARES

The number of shares of stock is: one hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Sprafkin
Address: 5616 SE Lamay Dr
Stuart, FL 34997

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:

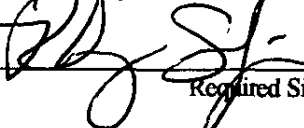
Name: Richard Sprafkin
Address: 5616 SE Lamay Dr
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Sprafkin
Address: 5616 SE Lamay Dr
Stuart, FL 34997

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

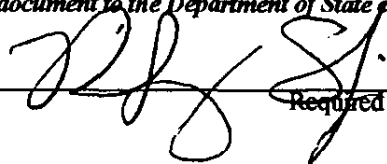


Required Signature/Registered Agent

5/22/12

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.



Required Signature/Incorporator

5/22/12

Date