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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

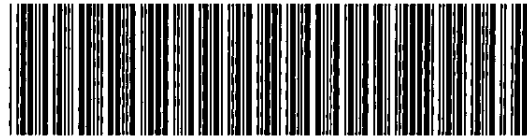
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1000 SEP 7 2012

## COVER LETTER

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

**SUBJECT:** Home Sweet Home Pediatric 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:** Angela S. Lee  
Name (Printed or typed)

1615 SW Ocean Cove Avenue  
Address

Port Saint Lucie, FL 34953  
City, State & Zip

954-579-5619  
Daytime Telephone number

angelabeining@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: Home Sweet Home Pediatric Therapy Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1615 SW Ocean Cove Ave  
Port St. Lucie, FL 34953

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide home health physical therapy to the pediatric population in Port St. Lucie.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Angela Lee, PT- Owner  
Address: 1615 SW Ocean Cove Ave.  
Port St. Lucie, FL 34953

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: Angela S. Lee  
Address: 1615 SW Ocean Cove Ave  
Port Saint Lucie, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Angela S. Lee  
Address: 1615 SW Ocean Cove Ave  
Port Saint Lucie, FL 34953

*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*

Angela S. Lee  
Required Signature/Registered Agent

09/01/2012  
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.*

Angela S. Lee  
Required Signature/Incorporator

90/01/2012  
Date

FILED  
12 SEP -6 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399