P13000023755

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

SUBJECT: Success in Motion Occupational Therapy Inc					
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fe	X \$78.75 e Filing Fee				
	ADDITIONAL COPY REQUIRED				
FROM:	Colette Freda Name (Printed or typed)				
	3680 Middlebrook Dr				
Address					
Orange Park, FL 32065 City, State & Zip					
	904 716-0235				
Daytime Telephone number					
	fredacolette@gmail.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 corpo	ration shall be: Success in Motion Occu	upational Therapy Inc	
ARTICLE II PRINCI	PAL OFFICE		
	Principal street address	Ma	iling address, if different is:
3680 Midd	llebrook Dr		
Orange Pa	ark, FL 32065		
<u> Orango i k</u>	314 1 2 02000		
ARTICLE III PURPO			
	the corporation is organized is: anized for the purpose of conducting, to the	an autout normitted by Florida La	nu es te como en in enu gangaitu anu
	ned legal in the State of Florida.	ie extent permitted by Florida La	IW OF to carry of in any capacity any
	noo logal iii iilo otato o'i i toliaal		
ARTICLE IV SHARI	=6		
The number of shares		ue of \$1.00	
	OFFICERS AND/OR DIRECTORS	A) 4	
Name and Title: Address:		A alaba a a a	
Address.	3680 Middlebrook Dr	Address.	
	Orange Park, FL 32065		
Name and Title:	· · · · · · · · · · · · · · · · · · ·		
Address:			
			4-7-4-1
			
Name and Title:	·	Name and Title:	
Address:			
			
	TERED AGENT		The control of the co
	a street address (P.O. Box NOT accepta	ible) of the registered agent is:	
Name: Address:	Colette Freda 3680 Middlebrook Dr		AR TO
Audiess.	Orange Park, FL 32065		District Control of the Control of t
	orange, and research		
ARTICLE VII INCO			
	ss of the Incorporator is:		
Name:	Colette Freda		
Address:	3680 Middlebrook Dr Orange Park, FL 32065		26 S
	Orange Falk, FL 32003		• 🅦
	as registered agent to accept service o		
In this certificate, I ar	n familiar with and accept the appointn	nent as registered agent and a	gree to act in this capacity
(allth	to the ola		3/8/13
	Required Signature/Registered Agent		Date
	, , ,		
	ent and affirm that the facts stated here		
document to the Dep	eartment of State constitutes a third deg	gree felony as provided for in s	s.817.155, F.S.
\" of 0 √ 0	to the lo		3/8/13
	Required Signature/Incorporator		Date
	, required eignition of the following		