

P13 000048195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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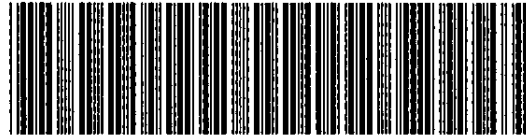
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 MAY 30 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2013

M. SOLOMON

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: Extreme Sports Medicine & Rehabilitation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4393 SW 130th Ave

Davie, Florida 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide excellent care to individuals
needing rehabilitation including but not limited to physical therapy,
occupational therapy, massage therapy, speech therapy, sports training, etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean A Williams, President/owner

Name and Title: _____

Address

4393 SW 130th Ave

Address: _____

Davie, Florida 33330

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sean A Williams

Address: 4393 SW 130th Ave

Davie, Florida 33330

ARTICLE VII INCORPORATOR

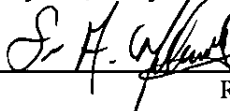
The name and address of the Incorporator is:

Name: Sean A Williams

Address: 4393 SW 130th Ave

Davie, Florida 33330

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



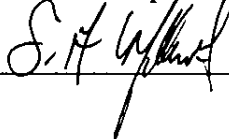
SEAN A. WILLIAMS

Required Signature/Registered Agent

05/25/2013

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.



SEAN A. WILLIAMS

Required Signature/Incorporator

05/25/2013

Date