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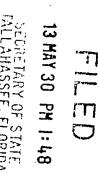
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JUN 0 4 2013 M. SOLOMON

COVER LETTER

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



SUBJECT: Extreme Sports Medicine & Rehabilitation Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PPY REOUIRED

S U M	Sean A Williams		
COM	Name (Printed or typed)		
	4393 SW 130th Ave		
	Address		
	Davie, Florida 33330		
	City, State & Zip		
	(954) 665-7326		
	Daytime Telephone number		
	Sean51916@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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corpo	ration shall be: Extreme Sports Med	icine & Renabilit	audit iiic.
1393 SW 130	Principal office Principal street address th Ave	Mailing ac	ddress, if different is:
Davie, Florida	33330		
	RPOSE the corporation is organized is: Dilitation including but not limit		
occupational	therapy, massage therapy, sp	eech therapy, sp	orts training, etc.
RTICLE IV SI	IARES 100		SCURETAR ALLAHASS
	ITIAL OFFICERS AND/OR DIRECTOR	<u></u>	MAY 30 PM I
ARTICLE V IN		S Name and Title: Address:	MAY 30 PM 1:48 CRETARY OF STATE LAHASSEE, FLORID
Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR	Name and Title:	MAY 30 PM 1:48 CRETARY OF STATE LAHASSEE, FLORID
Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Sean A Williams, President/owner 4393 SW 130th Ave	Name and Title:Address:	MAY 30 PM 1: 48 CRETARY OF STATE LAHASSEE, FLORIDA
Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Sean A Williams, President/owner 4393 SW 130th Ave Davie, Florida 33330	Name and Title: Address: Name and Title:	MAY 30 PM 1: 48 CRETARY OF STATE LAHASSEE, FLORIDA
Name and Ti Address Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR tle: Sean A Williams, President/owner 4393 SW 130th Ave Davie, Florida 33330	Name and Title: Address: Name and Title:	MAY 30 PM 1: 48 CRETARY OF STATE LAHASSEE, FLORIDA
Name and Ti Address Name and Tit Address	Sean A Williams, President/owner 4393 SW 130th Ave Davie, Florida 33330	Name and Title: Address: Name and Title: Address:	MAY 30 PM 1: 48 CRETARY OF STATE LAHASSEE, FLORIDA

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida 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 ad	dress of the Incorporator is:	
Name:	Sean A Williams	
Address:	4393 SW 130th Ave	
	Davie, Florida 33330	
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as reg SEAN H. WELLEAMS	
	Required Signature/Registered Agent	Date
	' ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
5,174	yllus - SEAN A. Wellson	05/25/2013
	Required Signature/Incorporator	Date