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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 15 AM 9:41

27 7-19-13

**COVER LETTER**

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

**SUBJECT: JNP PHYSICAL THERAPY, P. A.**

**(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: MARSHALL D. PLATT, ESQ.**

Name (Printed or typed)

**4402 MARTINIQUE COURT, SUITE A-1**

Address

**COCONUT CREEK, Florida 33066**

City, State & Zip

**954-732-5510**

Daytime Telephone number

**jnicolep@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)

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**ARTICLE I NAME**

The name of the corporation shall be: JNP Physical Therapy, P. A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

300 South Australia Ave.  
Suite 1620  
West Palm Beach, Florida 33401

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: (a): To operate a physical therapy practice  
by Physical Therapists duly licensed in the State of Florida; (b) To transact  
any and all other lawful business for which a professional service corporation  
or association may be incorporated by the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jenna N. Platt, P/S/T/D Name and Title: \_\_\_\_\_

Address 300 South Australia Ave. Address: \_\_\_\_\_  
Suite 1620  
West Palm Beach, Fl. 33401

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(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: MARSHALL D. PLATT  
Address: 4402 MARTINIQUE COURT, SUITE A-1  
COCONUT CREEK, FL. 33066

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARSHALL D. PLATT  
Address: 4402 MARTINIQUE COURT, SUITE A-1  
COCONUT CREEK, FL. 33066

*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

JULY 10, 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.*

  
Required Signature/Incorporator

JULY 10, 2013  
Date