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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Paula's Therapy of the Treasure Coast (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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Paula Procko Name (Printed or typed) 5616 SE Lamay Dr Address Stuart, FL 34997 City, State & Zip 772-408-7815 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

redhead7983@aol.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2013

PAULA PROCKO 5616 SE LAMAY DR STUART, FL 34997

SUBJECT: PAULA'S THERAPY OF THE TREASURE COAST

Ref. Number: W13000036556

We have received your document for PAULA'S THERAPY OF THE TREASURE COAST and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 013A00015871

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	ICIPAL OFFICE Principal street address	Mailin	g address, if different is:
616 SE Lama	y Dr		i
tuart, FL-349	97		750
			F. 13.
RTICLE III PURI	POSE ne corporation is organized is: Physic	cal Therapy	Trong 2
e purpose for which th	e corporation is organized is:		077
			·
RTICLE IV SHA	RES		
RTICLE IV SHA			
ic number of shares or .	stock is:		
		wang.	
RTICLE V INIT	TAL OFFICERS AND/OR DIRECT	-	
RTICLE V INIT	TAL OFFICERS AND/OR DIRECT Paula Procko (officer/direct	-	
RTICLE V INIT	PAL OFFICERS AND/OR DIRECT Paula Procko (officer/direct 5616 SE Lamay Dr	-	
RTICLE V INIT	TAL OFFICERS AND/OR DIRECT Paula Procko (officer/direct	or) Name and Title:	
RTICLE V INIT	PAL OFFICERS AND/OR DIRECT Paula Procko (officer/direct 5616 SE Lamay Dr	or) Name and Title:	
Name and Title Address	Paula Procko (officer/direct 5616 SE Lamay Dr Stuart, FL 34997	Or) Name and Title: Address:	
Name and Title Address	PAL OFFICERS AND/OR DIRECT Paula Procko (officer/direct 5616 SE Lamay Dr	Or) Name and Title: Address:	
Name and Title Address	Paula Procko (officer/direct 5616 SE Lamay Dr Stuart, FL 34997	Or) Name and Title: Address: Name and Title:	
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Name and Title:		Name and Title:_	FILED			
Address		Address: _	13	JUL 25	PN 2: 5'	
		. <u>-</u>	SEC TALL	RETARY	OF STATE , FLORIDA	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	`the registered agen	t is:			
Name:	Paula Procko (Reg. Agent)					
Address:	5616 SE Lamay DR	_				
	Stuart, FL 34997	-				
ARTICLE VII	INCORPORATOR					
The name and ad	dress of the Incorporator is:					
Name:	Paula Procko (Incorporator)					
Address:	5616 SE Lamay DR	_				
	Stuart, FL 34997					
	ned as registered agent to accept service of process up familiar with and accept the appointment as reg					
/-	Jula PATho			7/18	3/2013	
	Required Signature/Registered Agent				Date	
I submit this document to the f	ument and affirm that the facts stated herein are Department of State copstitutes a thifd degree felon	true. I am aware t y as provided for ir	hat the s.817.1	false inforn 155, F.S.	nation submitted in a	
ĺν	aula PMThO			7/1	8/2013	
——————————————————————————————————————	Requiréd Signature/Incorporator				Date	