

PI S00003553A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

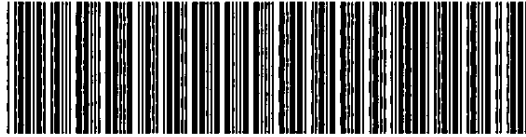
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SERIES OF 3
TALLAHASSEE, FLORIDA

W15-20927

COVER LETTER

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

SUBJECT: Cutting Edge Physical Therapy & Wellness, Inc
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dr. Pauline White-De Freitas, DPT
Name (Printed or typed)

308 Gazetta Way
Address

West Palm Beach, FL 33409
City, State & Zip

(718)781-8658
Daytime Telephone number

cuttingedgept@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 corporation shall be: Cutting Edge Physical Therapy & Wellness, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

308 Gazette Way

West Palm Beach, FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer Health care services that are aimed to remediate impairments and to promote mobility, function, and improved quality of life.

ARTICLE IV SHARES

The number of shares of stock is: 200 @ \$1 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Pauline White-De Freitas, CEO Name and Title: _____

Address: 308 Gazette Way Address: _____

West Palm Beach, FL 33413 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

STATE OF FLORIDA
TALLAHASSEE
15 APR -7 PM 11:30

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: Dr. Pauline White-De Freitas
 Address: 308 Gazetta Way
West Palm Beach, FL 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Pauline White - De Freitas, Dr
 Address: 308 Gazetta Way, WPB FL 33413

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 3/16/15
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 3/16/15
Date

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 15 APR -7 PM 11:30
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE