

P15000048656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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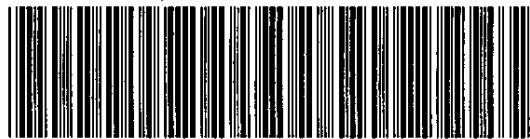
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/15--01015--002 **70.00

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15 MAY 29 PM 3.33

CLERK OF STATE
TALLAHASSEE, FLORIDA

gr 6/3/15

COVER LETTER

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

SUBJECT: FLN Therapy Services, Corp

(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: Frank L. Nunez

Name (Printed or typed)

610 NW 13th ST, Apt 11

Address

Boca Raton, FL 33486

City, State & Zip

786-351-2031

Daytime Telephone number

fnunez8@yahoo.com

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

15 MAY 29 PM 3:33

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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: FLN Therapy Services, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
610 NW 13th ST, Apt 11

Boca Raton, FL 33486

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide physical therapy services to promote the ability to move,
reduce pain, restore function, and prevent disability. This will be done in a variety of settings, including hospitals,
private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and
nursing homes.

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank L. Nunez, President

Name and Title: _____

Address 610 NW 13th ST, Apt 11

Address: _____

Boca Raton, FL 33486

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Frank L. Nunez
Address: 610 NW 13th ST, Apt 11
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Frank L. Nunez
Address: 610 NW 13th ST, Apt 11
Boca Raton, FL 33486

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
05/28/2015
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
05/28/2015
Date