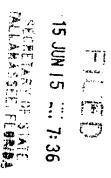
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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JUN 2 2 2015 S. GILBERT

COVER LETTER

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

SUBJECT: Steinber	g Physical Therapy & Sports Perfor	mance, Inc.			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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 REQUIR		PY REQUIRED		
FROM:	rold E. Sutzky, Slutzky Law Firm	e (Printed or typed)			
207	19 Sterlington Drive, Suite 103				
		Address			
Lar	id O' Lakes, FL 34638				
	City	, State & Zip			
813	-909-1515				
	Daytime	Telephone number			
Stei	nberg.LC@gmail.com				
	E-mail address: (to be use	ed 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)

RTICLE II PRINC	ICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different		address, if different is:
18512 Country Crest Place			
Tampa, FL 33647			
RTICLE III PURPO the purpose for which t	OSE he corporation is organized is:		
To engage in the render	ring of physical therapy, rehabilitative	e services, sports	
erformance enhancem	ent, and any and all other legal and a	ppropriate health-related services	incidental thereto.
nd such other and furth	ner acts that are legal within the state		
			Fig. 5
			## J
BTICLE III GILAB	ea.		
RTICLE IV SHARI he number of shares of	10,000		i lane-en
he number of shares of	STOCK IS:		
ne number of shares of	STOCK IS:		電 差
	L OFFICERS AND/OR DIRECTOR	<u>w</u>	tion control • •
RTICLE V INITIA	L OFFICERS AND/OR DIRECTOR		
<i>RTICLE V INITIA</i> Name and Title		Name and Title:	
RTICLE V INITIA	LOFFICERS AND/OR DIRECTOR Lauren Steinberg		
<i>RTICLE V INITIA</i> Name and Title	Lauren Steinberg 18512 Country Crest Place	Name and Title:	
<i>RTICLE V INITIA</i> Name and Title	Lauren Steinberg 18512 Country Crest Place	Name and Title:	
RTICLE V INITIA Name and Title Address	Lauren Steinberg 18512 Country Crest Place	Name and Title: Address:	
RTICLE V INITIA Name and Title Address	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title:	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title: Address	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title: Address	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title: Address	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title: Address	Lauren Steinberg 18512 Country Crest Place Tampa, FL 33647	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	
The <u>name and F</u>	<u>Clorida street address</u> (P.O. Box NOT acceptate Lauren Steinberg	le) of the registered agent is:
Name:		
Address:	18512 Country Crest Place	
•	Tampa, FL 33647	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Lauren Steinberg	
Address:	18512 Country Crest Place	
Tam	Tampa, FL 33647	
Effective date, if		. (OPTIONAL) annot be more than five business days prior or 90 business
Note: If the date		sable statutory filing requirements, this date will not be listed as ords.
Having been nat	med as registered agent to accept service of pr am familiar with and accept the appointment t	ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
Kauna	in tountion	06/11 2015
Required Signature/Registered Age		Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Requ	ired Signature/Incorporator	