

PIW0000000950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400272543964

05/04/15--01045--008 **78.75

10/26/15--01007--001 **58.75

FILED
15 OCT 26 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WS-32891

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mobile Therapy, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristen M. Harris

Name of Person

Mobile Therapy, Inc.

Firm/Company

295 Lighthouse Rd Box 1325

Address

Ocracoke, NC

City/State and Zip code

mobiletherapyinc@gmail.com

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

For further information concerning this matter, please call:

Kristen Harris

Name of Person

at (336) 613-4111

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

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

SUBJECT: Mobile Therapy, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Kristen Harris

Name (printed or typed)

5126 31st Ave. S

Address

Gulfport, FL 33707

City, State & Zip

336-613-4111

Daytime Telephone Number

mobiletherapyinc@gmail.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Kristen M. Harris, President,
(Name) (Title)

of Mobile Therapy, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was January 14, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was North Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Mobile Therapy, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Mobile Therapy, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was North Carolina.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Kristen Harris, of Mobile Therapy, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12 day of October, 2015.

(Authorized Signature)

Filing Fee:
Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$ 50.00
\$ 78.75
\$128.75

FILED
15 OCT 26 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I. NAME

THE NAME OF THE CORPORATION SHALL BE:

Mobile Therapy, Inc.

ARTICLE II. PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5126 31st. Ave S

PO Box 531078

Gulfport, FL 33707

St. Petersburg, FL 33747

ARTICLE III. PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Physical Therapy services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President

Kristen M. Harris

Title/Name

Secretary

Diana L. Dell

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Kristen M. Harris

5126 31st. Ave. S

Gulfport, FL 33707

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Kristen M. Harris

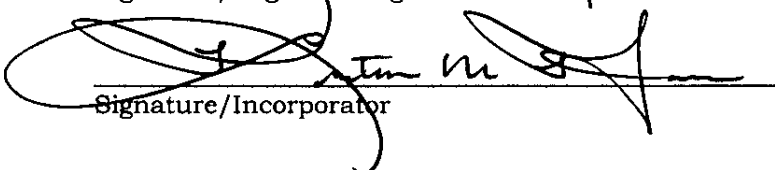
5126 31st. Ave. S

Gulfport, FL 33707

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

10-12-15
Date


Signature/Incorporator

10-12-15
Date