

P. 16000051160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

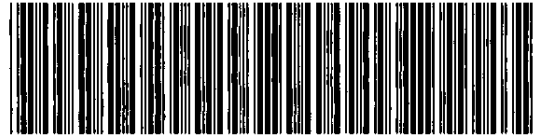
(Document Number)

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Office Use Only

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05/06/16--01024--014 **78.75

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16 JUN 16 AM 10:55

g 6/15/16

COVER LETTER

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

SUBJECT: PHYSICARE 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: KARINA PARDO
Name (Printed or typed)
3608 SW 28TH ST
Address
MIAMI FL 33133
City, State & Zip
305-815-4020
Daytime Telephone number
KPARDO76@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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16 JUN 14 4:19:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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16 JUN 14 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 2016

KARINA PARDO
3608 SW 28TH STREET
MIAMI, FL 33133

SUBJECT: PHYSICARE CORP
Ref. Number: W16000035409

We have received your document for PHYSICARE CORP 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 516A00010200

RECEIVED

16 JUN 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

~~K.P. PHYSICARE CORP~~ *Physicare One, Corp.*

16 JUN 14 AM 10:55

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3608 SW 28TH ST, MIAMI FL 33133

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARINA PARDO, PRESIDENT

Name and Title: _____

Address 3608 SW 28TH ST MIAMI FL 33133

Address: _____

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: KARINA PARDO
Address: 3608 SW 28TH ST MIAMI FL 33133

ARTICLE VII INCORPORATOR

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

Name: KARINA PARDO
Address: 3608 SW 28TH ST MIAMI FL 33133

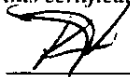
ARTICLE VIII EFFECTIVE DATE:

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

05/02/16

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

05/02/16

Date

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CLERK OF COURT
STATE OF FLORIDA