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FULL  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** CORE Physical Therapy, Incorporated

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Lourdes M. Pena  
Name (Printed or typed)  
14955 SW 94 Terrace Apt. G  
Address  
Miami, FL 33185  
City, State & Zip  
(305) 491- 1902  
Daytime Telephone number  
lourdes.pena31@gmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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: CORE Physical Therapy, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14955 SW 48 Terrace

Apt. G

Miami, FL 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful physical therapy business permitted by the corporation by the laws of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lourdes M. Pena, President

Name and Title:

Address 14955 SW 48 Terrace

Address:

Apt. G

Miami, FL 33185

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 10 AM 6:19

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: Lourdes M. Pena

Address: 14955 SW 48 Terrace Apt G

Miami, FL 33185

**ARTICLE VII INCORPORATOR**

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

Name: Lourdes M. Pena

Address: 14955 SW 48 Terrace Apt G

Miami, FL 33185

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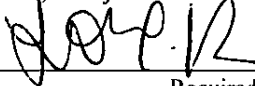
**ARTICLE VIII EFFECTIVE DATE:**

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

06/01/2016

\_\_\_\_\_  
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

06/01/2016

\_\_\_\_\_  
Date