

P16000073091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

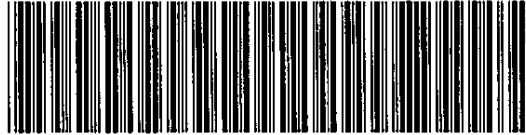
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24
9/18/16

1111-54864



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2016

JULIE POWER SAN ANGELO
1428 THRUSH CT.
WESTON, FL 33327

SUBJECT: THERAPY BUY THE MINUTE, INC
Ref. Number: W16000054861

We have received your document for THERAPY BUY THE MINUTE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 716A00016676

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SECRETARY 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: Therapy Buy the Minute, Inc
(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: Julie Power San Angelo
Name (Printed or typed)

1428 Thrush Ct.
Address

Weston, Florida 33327
City, State & Zip

754-581-2121
Daytime Telephone number

sanangeloj@bellsouth.net
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Therapy Buy the Minute, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1428 Thrush Ct.
Weston, Florida 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide physical
therapy to individuals and/or groups
at home or a location chosen by
the client and/or therapist.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Power San Angelo Name and Title: John F. San Angelo

Address: President Address: Vice-President
1428 Thrush Ct 1428 Thrush Ct
Weston, Fl 33327 Weston, Fl. 33327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 AUG 19 AM 9:50
STON, FL 33327
FALL ANGELES, FL 33327

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: Julie Power San Angelo, DPT, LAT, COMT

Address: 1428 Thrush Ct.
Weston, Florida 33327

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ARTICLE VII INCORPORATOR

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

Name: Julie Power San Angelo, DPT, LAT, COMT

Address: 1428 Thrush Ct.
Weston, Florida 33327

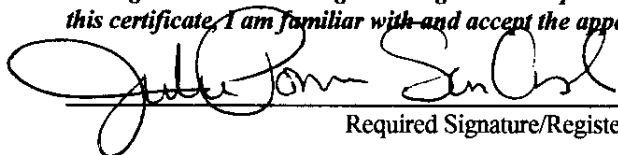
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 27, 2016 (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

7/24/16
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

7/24/16
Date