

P16000076675

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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08/01/16--01030--026 **78.75

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16 SEP -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~FILED~~ 50438

724
9/19/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2016

DAMISELY HERNANDEZ

2250 NW 14 APT 19
MIAMI, FL 33125

We have received your document for FUTURE HEALTH INC and your check(s) totaling \$. 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.

The document number of the name conflict is J31759 (FUTURE HEALTH, INC.).

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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: 016A00017176

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16 SEP -7 AM 8:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
16 SEP -7 AM 10:55
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: FUTURE health 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: Damisely Hernandez
Name (Printed or typed)

2250 NW 14 ST APT 19
Address

Miami, FL 33125
City, State & Zip

786-322-0322
Daytime Telephone number

damiselyh@gmail.com
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: FUTURE THERAPY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2250 NW 14 ST APT 19
MIAMI FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Rehabilitation Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damisely Hernandez President Name and Title: _____

Address 2250 NW 14 ST APT 19 Address: _____

MIAMI FL 33125 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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16 SEP 17 AM 8:39
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

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: Damisely Hernandez

Address: 2250 NW 14 ST APT 19

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

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

Name: Damisely Hernandez

Address: 2250 NW 14 ST APT 19

MIAMI FL 33125

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08-01-2016 (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

DAMISELY HERNANDEZ

Required Signature/Registered Agent

07/26/2016

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.

DAMISELY HERNANDEZ

Required Signature/Incorporator

07/26/2016

Date