

P/70000/8084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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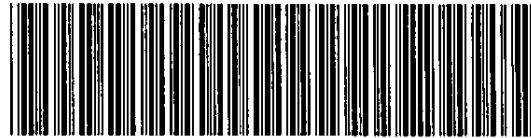
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 FEB 27 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 02/21/17

02/28/17

## COVER LETTER

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

**SUBJECT:** Florida PT and Rehabilitation, 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: Ivis Pineiro  
Name (Printed or typed)  
8210 A WEST FLAGLER STREET  
Address  
MIAMI ,FLORIDA 33144  
City, State & Zip  
(305)-220-7373  
Daytime Telephone number  
floridaphysical@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: Florida PT and Rehabilitation, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8210 A WEST FLAGLER STREET

MIAMI ,FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull business

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Ivis Pineiro/President

Name and Title:

Address 8210 A West Flagler Street

Address:

Miami ,Fl 33144

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: Ivis Pineiro \_\_\_\_\_

Address: 8210 A West Flagler Street \_\_\_\_\_

Miami, FL 33144 \_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

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

Name: Ivis Pineiro \_\_\_\_\_

Address: 8210 A WEST FLAGLER STREET \_\_\_\_\_

MIAMI, FL 33144 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/21/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

02/21/2017

\_\_\_\_\_  
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

02/21/2017

\_\_\_\_\_  
Date