

P18000034982

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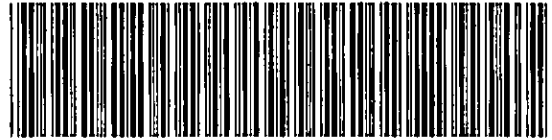
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18 APR 17 PM 3:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2018 APR 17 PM 1:06

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

April 5, 2018

RESTORATION PHYSICAL THERAPY, P.A.
2637 E ATLANTIC BLVD #1064
POMPANO BEACH, FL 33062

SUBJECT: RESTORATION PHYSICAL THERAPY, P.A.
Ref. Number: W18000032453

We have received your document for RESTORATION PHYSICAL THERAPY, P.A. 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 specific business purpose of the professional association must be stated in the document.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 518A00006896

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TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: Restoration Physical Therapy, P.A.

(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: Restoration Physical Therapy, P.A.

Name (Printed or typed)

2637 E Atlantic Blvd #1064

Address

Pompano Beach, FL 33062

City, State & Zip

954-933-7563

Daytime Telephone number

sunRPT@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 Restoration Physical Therapy, P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2637 E Atlantic Blvd #1064

Pompano Beach, FL 33062

ARTICLE III PURPOSE

Physical Therapy and any associated services

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roman Jurkiewicz - President

Name and Title: Roman Jurkiewicz - Secretary

Address 2637 E Atlantic Blvd #1064

Address: 2637 E Atlantic Blvd #1064

Pompano Beach, FL 33062

Pompano Beach, FL 33062

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: Roman Jurkiewicz

Address: 2637 E Atlantic Blvd #1064

Pompano Beach, FL 33062

ARTICLE VII INCORPORATOR

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

Name: Roman Jurkiewicz

Address: 2637 E Atlantic Blvd #1064

Pompano Beach, FL 33062

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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 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

Roman Jurkiewicz Rfwhse
Required Signature/Registered Agent

4/14/18
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.

Roman Jurkiewicz Rfwhse
Required Signature/Incorporator

4/14/18
Date