

PI8000082826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

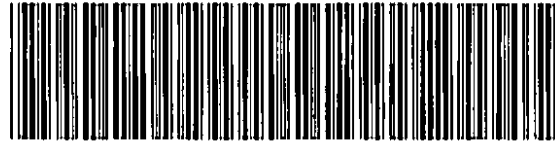
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18 OCT -4 PM 12:33  
2018 OCT 05 12:33 PM  
2018 OCT 05 12:33 PM

Kimberly Mills  
2040 Hwy A1A, Suite 203  
Indian Harbour Beach, FL 32937  
321-890-7720

18 OCT -4 PM 12:33

kmillsotr@gmail.com

September 25, 2018

Florida Department of State Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document Number P16000082592  
Beachside Pediatric Therapy, Inc.

Dear Sir or Madam:

The above referenced corporation has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,



Kimberly Mills, President

## COVER LETTER

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

**SUBJECT:** Beachside Pediatric Therapy, 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      ☐ \$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:** Beachside Pediatric Therapy, Inc.

\_\_\_\_\_  
Name (Printed or typed)

2040 Hwy A1A, Suite 203

\_\_\_\_\_  
Address

Indian Harbour Beach, FL 32937

\_\_\_\_\_  
City, State & Zip

321-890-7720

\_\_\_\_\_  
Daytime Telephone number

kmillsotr@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: Beachside Pediatric Therapy, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2040 Hwy A1A, Suite 203

PO Box 372084

Indian Harbour Beach, FL 32937

Satellite Beach, FL 32937

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful activity.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Mills, President

Name and Title: \_\_\_\_\_

Address PO Box 372084

Address: \_\_\_\_\_

Satellite Beach, FL 32937

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 OCT - 4 PM 12:33  
E. F. L. 1011.1

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kimberly Mills  
Address: 2040 Hwy A1A, Suite 203  
Indian Harbour Beach, FL 32937

**ARTICLE VII INCORPORATOR**

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

Name: Kimberly Mills  
Address: PO Box 372084  
Satellite Beach, FL 32937

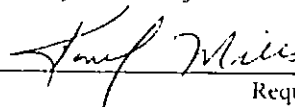
**ARTICLE VIII EFFECTIVE DATE:**

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.)

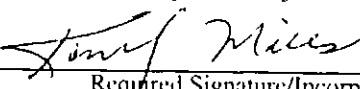
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

9/25/2018  
\_\_\_\_\_  
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

9/25/2018  
\_\_\_\_\_  
Date