

P19000 062 802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

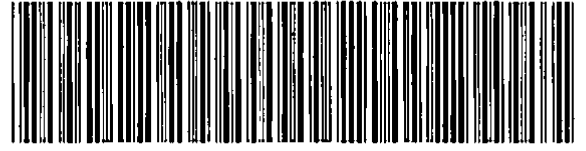
(Business Entity Name)

(Document Number)

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

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AUG 12 2019

MyCorporation

26025 Mureau Road, Suite 120  
Calabasas, CA 91302

Toll-Free 888-692-6778 | Fax 818-879-8  
Email [customerservice@mycorporation.com](mailto:customerservice@mycorporation.com)

## ROUTINE SERVICE FILING REQUEST

Wednesday, July 17, 2019

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Jacob Weissman Physical Therapy P.A.**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a **certified copy**.

Please return the certified copy in the UPS envelope provided.

Thank you for your assistance.

Sincerely,

MyCorporation  
**Attn: Fulfillment Dept.**  
26025 Mureau Road, Suite 120  
Calabasas, CA 91302

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TALLAHASSEE, FL 32301

**ARTICLES OF INCORPORATION  
OF  
Jacob Weissman Physical Therapy P.A.**

A Florida Professional Service Corporation

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

**ARTICLE I NAME**

The name of the corporation shall be Jacob Weissman Physical Therapy P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business is:

235 3rd Ave. North Apt. # 537  
Saint Petersburg, FL 33701

**ARTICLE III PURPOSE**

The specific purpose for which the corporation is organized is to engage in the practice of the profession of Physical Therapy.

**ARTICLE IV SHARES:**

The number of shares of stock the corporation shall be authorized to issue is 1,500 at \$0.01 par value per share.

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

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

**Officers:**

**President:** Jacob Weissman

**Vice President:** Jacob Weissman

**Treasurer:** Jacob Weissman

**Secretary:** Jacob Weissman

**Directors:**

Jacob Weissman  
235 3rd Ave. North Apt. # 537  
Saint Petersburg, FL 33701

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Jacob Weissman  
235 3rd Ave. North Apt. # 537  
Saint Petersburg, FL 33701

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SANT PETERSBURG, FL 33701



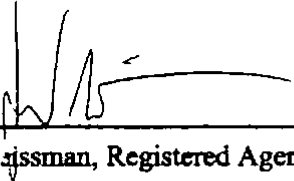
**ARTICLE VII INCORPORATOR**

The name and address information of the incorporator is:

Jacob Weissman 235 3rd Ave. North Apt. # 537 Saint Petersburg, FL 33701

**Registered Agent Consent:**

*Having been named as registered agent and 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.*

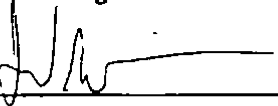


Jacob Weissman, Registered Agent

07/02/2019

Date

**Incorporator Signature**



Jacob Weissman, Incorporator

07/02/2019

Date

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