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COVER LETTER

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

SUBJECT: Registration an S-Corp for the State
of Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

SRIAN NALAZEK
Name (printed or typed)

1617 Lemon Ave
Address

Winter Haven FLORIDA 33881

City, State & Zip

586-322-2776

Daytime Telephone Number

brian pt 999@ amail. Com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The	e undersigned, <u>GRIAN</u>	NALAZEK	. Presid	dent	·
οf	Physical Thera (Corpora	(Name)	· Eivec To	(Title)	cornoration
in a	(Corpora coordance with s. 607.1801,	ation Name) Florida Statutes, does he	ereby certify:	<u>a foreign</u>	corporation,
1.	The date on which corporati	ion was first formed was	October	6	2006.
2.	The jurisdiction where the a came into being was	-		-	or otherwise
3.	The name of the corporation was Physical The	immediately prior to the	e filing of this Cert	ificate of Do	mestication
4.	The name of the corporation s. 607.0202 and 607.0401 w	n, as set forth in its article	es of incorporation.	, to be filed p	
5.	The jurisdiction that constituted administration of the corpor immediately before the filing Clinton Twp.	ation, or any other equiv g of the Certificate of Do	alent jurisdiction u		
6.	Attached are Florida articles to s. 607.1801.	s of incorporation to com	plete the domestic	ation requirer	nents pursuant
l ar	BRIAN NALAZEK m_Presidentor_	Physical The	crapy Fault	s & Fix	es, Inc
	l am authorized to sign this C this the <u>8th</u> day of <u>D</u> 2		resident	e corporation	and have done 2019 .
	Articles of	Filing Fed of Domestication Incorporation and Cer emesticate and file		\$ 50.00 <u>\$ 78.75</u> \$128.75	19 DEC 1 AZI

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:	
	, Q.F. , T
Physical Therapy Fault	S & lixes, Inc
•	
ARTICLE II PRINCIPAL OFFICE	•
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS Principal Address	Mailing Address
1617 Lemon Ave	1617 Lenon Ave
Winter Haven, FL 33881	Winter Haven, FL 33881
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANI	
The practice of Physical	Therapy, Therapeutic
a second Plate	
massage and Related	70501605
	Q Q 1

ARTICLE V INITIAL DIRECTORS AND/O		
Title/Name	Title/Name	
President BRIAN NALAZEN	<u> </u>	
1617 Lemon Ave Winter Haven, FL 33881		
Winter Haven, FL 33881		
Title/Name	Title/Name	
Title/Name	Title/Name	19 CT
Title/Name	Title/Name	

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 60,000

BRIAN NALAZEK	
1617 Lemon Ave	
Winter Haven, FL 33881	·
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
BRIAN NALAZEK	== `
1617 Lemon Ave	
Winter Haven, FL 33881	
**************************************	*****
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 FAMIL	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPA	ICITY.
12/8	12019
Signature/Registered/Agent Date	
Signature/Incorporator Date 12/8 Date	12019

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

•