

P210 00097532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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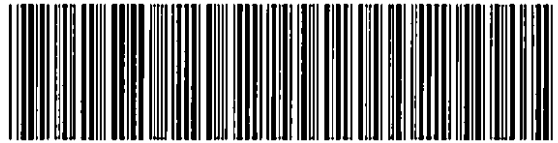
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 17 2021

COVER LETTER

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

SUBJECT: Castle Athletics & Recovery, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Samuel Castillo, PA, LAT, ATC
Name (Printed or typed)

7323 SW 134 Place
Address

Miami, FL 33183
City, State & Zip

786-312-3512
Daytime Telephone number

castleathleticsrecovery@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: Castle Athletics & Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7323 SW 134 Place
Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in providing, contracting for, and otherwise be active in
the provision of all professional services for Athletics and Recovery within the scope of FL laws.

ARTICLE IV SHARES

The number of shares of stock is: One hundred million (100,000,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Castillo, P, T, S, D

Address 7323 SW 134 Place
Miami, FL 33183

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Samuel Castillo, PA, LAT, ATC
Address: 7323 SW 134 Place
Miami, FL 33183

ARTICLE VII INCORPORATOR

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

Name: Samuel Castillo, PA, LAT, ATC
Address: 7323 SW 134 Place
Miami, FL 33183

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

Samuel Castillo
Required Signature/Registered Agent

November 10th, 2021
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.

Samuel Castillo
Required Signature/Incorporator

November 10th, 2021
Date

2021 NOV 17 PM 6:40
CLERK OF THE COURT
CLERK OF THE COURT