

P220000 22427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

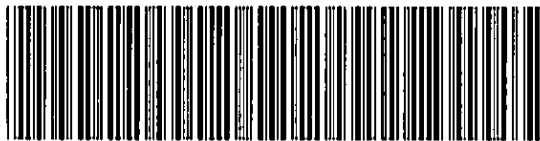
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100384342381



SEMI-ANNUAL STATE  
TALLAHASSEE, FL

2022 MAR 24 PM 3:59

FILED



2022 MAR 24 PM 3:05

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/24/2022

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1021494

**ORDER ENTITY**

IN STRIDE PERFORMANCE THERAPY, P.A.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

IN STRIDE PERFORMANCE THERAPY, P.A. ( FL )

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized  
Email address for annual report reminders: Kathleen@delaneycorporate.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: In Stride Performance Therapy P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4532 W Kennedy Blvd  
Tampa, Florida 33609-2042

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
The profession of Physical Therapy

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Meghan Hyde, President & Director Name and Title: \_\_\_\_\_

Address 4532 W Kennedy Blvd Address: \_\_\_\_\_  
Tampa, Florida 33609-2042

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

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

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

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

**FILED**  
2022 MAR 24 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Meghan Hyde  
 Address: 4532 W Kennedy Blvd  
Tampa, Florida 33609-2042

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Meghan Hyde  
 Address: 4532 W Kennedy Blvd  
Tampa, Florida 33609-2042

**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*

Meghan Hyde  
 Required Signature/Registered Agent

1/25/2022  
 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.*

Meghan Hyde  
 Required Signature/Incorporator

1/25/2022  
 Date