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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION ARTURORODRIGUEZPHYSICALTHERAPY CORF

Certificate of Status	0
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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ac	turo Ralriguez Physical Therapy Corp
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	11361 SW 109+n Rel. Apt B Miami FL, 33176
	The second of th
ARTI	CLE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
/	Actoro Radriguez President
<del></del>	
·	
	A CENTE AND STREET AIDDESS.
	TICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: name and Florida street address (PO Box not acceptable) of the registered agent
1	Acture Rodriguez 11361 SW 1994 Rd Apt B Miami FL, 33176
	11361 SM 109th Kd 17pt B 1"Jami PL, 23116
	The many and address of the Incomparator
ART	INCORPORATOR: The name and address of the Incorporator
	Artoro Rodriguez 11361 SW 109th Rd Apt B Miami FL.33176
	11361 SW LUYTH Kd 11PT 15 /1110M1 14,33116

## Required Signatures:

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

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.