

P95000069990

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 632
Tallahassee, FL 32314

500001579535
-09/07/95--01040--017
****122.50 ****122.50

SUBJECT: PROFESSIONAL THERAPEUTIC ALTERNATIVE, INC
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: PROFESSIONAL THERAPEUTIC ALTERNATIVE, INC
Name (printed or typed)

5555 Collins Ave #10W
Address

MIAMI Beach, Fl. 33140
City, State & Zip

305-868-1586
Daytime Telephone number

*Call N. Brenda Magnorsky
to receive Carmen as
P.A.*

TALLAHASSEE, FLORIDA

95 SEP -7 AM 11:45

FILED

ON SEP 7 1995
NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION SEP -7 AM 11:45

TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

NATALIA BRENDA MAGNORSKY (PRESIDENT)
CARMEN VALAREZO (VICE_PRESIDENT)

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL THERAPEUTIC ALTERNATIVE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5555 Collins Ave # 10 W
MIAMI Beach, Fl. 33140

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500 Shares of \$10.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NATALIA BRENDA MAGNORSKY (PRESIDENT)
19901 ECountry Club #105 N.Miami, Fl. 33180

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NATALIA BRENDA MAGNORSKY (PRESIDENT)
19901 E Country Club #105
NORTH MIAMI, FL. 33180

CARMEN VALAREZO (VICE PRESIDENT)
800 Benevento AVE
CORAL GABLES, FL. 33146

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of SEPTEMBER, 19 95

N Magnorsky
Signature

Carmen Valarezo
Signature

Signature

NOTE: Adding an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PROFESSIONAL THERAPEUTIC ALTERNATIVE, INC
5555 Collins Ave #10W Miami Bch, Fl. 33140
2. The name and address of the registered agent and office is:

NATALIA DRENDA MAGNORSKY
(NAME)

19901 E Country Club #105
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N Miami Bch, Fl. 33180
(CITY/STATE/ZIP)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

N. Magnorsky
(SIGNATURE)

9-1-95
(DATE)

FILED
93 SEP -7 AM 11:45
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

P95000069990

Madison, AL
Sec. of State
Capital Building, 1000
Montgomery, AL 36103

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****35.00 *****35.00

FILED
55 AUG 30 AM 5:45
TALLAHASSEE, FLORIDA

5/1 1/2

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, CARMEN VALAREZO, hereby resign as VICE PRESIDENT
(Title)
of PROFESSIONAL THERAPEUTIC ALTERNATIVE INC
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

Carmen Valarezo
(Signature of resigning officer/director)

FILED
537030 11 5:45
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314