

P97000104219
TRANSMITTAL LETTER

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

600002368416--4
-12/10/97--01089--002
*****78.75 *****78.75

SUBJECT: PROFESSIONAL TEMPS THERAPY SERVICES, 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: MARIA CONSORCIA L. DEVERA
Name (Printed or typed)

3824 GATLIN WOODS DR.
Address

ORLANDO, FL. 32812
City, State & Zip

(407) 823-9765
Daytime Telephone number

FILED
97 DEC 10 AM 8:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

mm
12-11-97

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
97 DEC 10 AM 8:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL TEMPS THERAPY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3824 GATLIN WOODS DR.
ORLANDO, FL 32812

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA CONSORCIA L. DEVERA
3824 GATLIN WOODS DR.
ORLANDO, FL 32812

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):

MARIA CONSORCIA L. DE VERA
3824 GATLIN WOODS DR.
ORLANDO, FL 32812

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

7th day of DECEMBER, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing 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 TEMPS THERAPY
SERVICES, INC.

2. The name and address of the registered agent and office is:

MARIA CONSORCIA L. DEVERA
(NAME)

3824 GATLIN WOODS DR.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32812
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

12-07-97
(DATE)

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