TRAISMITTAL LETTER 373

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

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SUBJECT:	Florida	Aquatic	Therapy	&	Wellness	Center, 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

□ \$131.25

Ling Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Southwest Professional Services of Fort Myers, INc.

Name (Printed or typed)

Address

Fort Myers, F1 33919

City, State & Zip

941-481-4444

Daytime Telephone number



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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Florida Aquatic Therapy & Wellness Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11625 Cleveland Ave Fort Myers, Fl 33907

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Southwest Professional Services of Fort Myers, Inc. 13611 Mcgregor Blvd Fort Myers, Fl 33919

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Elaine L Sirt-Ratcliffe 8369 Grove Rd Fort Myers, Fl 33912

Laine Lout Palelyfle
Signature/Incorporator

7/3/98 Date

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

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 Southwest Professional Services of Fort Myers, Inc.

Signature/Registered Agent Date