

P98000060649

TRANSMITTAL LETTER

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

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-07/08/98--01019--013
****131.25 ****131.25

SUBJECT: ALZE Physical Therapy, Inc.
(Proposed corporate name - must include suffix)

FILED
98 JUL -8 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and 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: Zoila C. Hernandez
Name (printed or typed)
6831 S.W. 129th Avenue Apt. 6
Address
Miami, Florida 33183
City, State & Zip
(305)- 383-8868
Daytime Telephone number

SD 7/9

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

ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

ALZE Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6831 S.W. 129th Avenue Apt. 6
Miami, Florida 33183

ARTICLE III SHARES

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

100 shares, \$1 Par, common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Zoila C. Hernandez
6831 S.W. 129th Avenue Apt. 6
Miami, Florida 33183

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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):

Zoila C. Hernandez
6831 S.W. 129th Avenue Apt. 6
Miami, Florida 33183

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

3rd day of July, 19 98.



Signature

Signature

Signature

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: ALZE Physical Therapy, Inc.

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

Zoila C. Hernandez

(NAME)

6831 S.W. 129th Avenue Apt. 6

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33183

(CITY/STATE/ZIP)

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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.

Z Hernandez
(SIGNATURE)

7-3-98
(DATE)