

P99000100674

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600003046986--4

-11/17/99-01013-009

*****78.75 *****78.75

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

1. Truly Pediatrics Therapy, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 11/17

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" 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 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

RECEIVED
99 NOV 17 AM 11:03
DEPARTMENT OF STATE
VISION DIVISION
TALLAHASSEE, FLORIDA

FILED
99 NOV 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH NOV 17 1999

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
TRULY PEDIATRICS THERAPY, INC.**

The undersigned, acting as Incorporator of a Florida corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation.

ARTICLE I

NAME

The name of the Corporation is TRULY PEDIATRICS THERAPY, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4155 N.W. 64th Avenue, Coral Springs, Florida 33067.

ARTICLE III

CAPITAL STOCK

The Corporation is authorized to issue 1000 shares of Common Stock with a par value of .001.

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:

Maria Christina Godin
4155 N.W. 64th Avenue
Coral Springs, Florida 33067

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

INCORPORATOR(S)

The name and address of the person signing these Articles is:

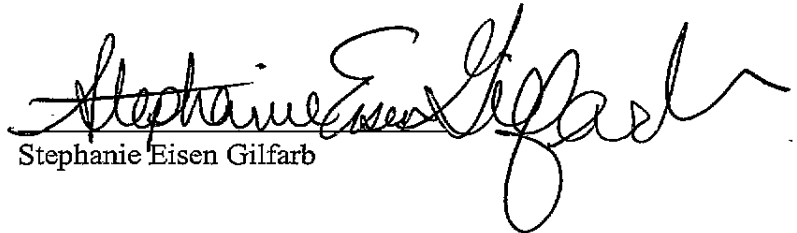
Name

Address

Stephanie Eisen Gilfarb

14750 West Palamino Drive
Fort Lauderdale, Florida
33330

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
this 29 day of October, 1999.

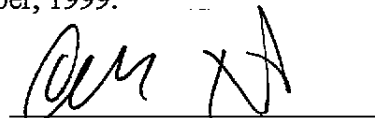

Stephanie Eisen Gilfarb

STATE OF FLORIDA)

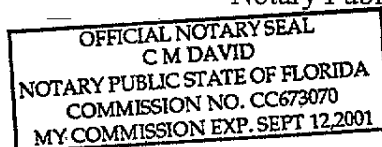
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County set forth above, personally appeared Stephanie Eisen Gilfarb, personally known by me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 29 day of October, 1999.


Notary Public

My commission expires:

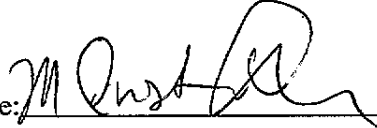


CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

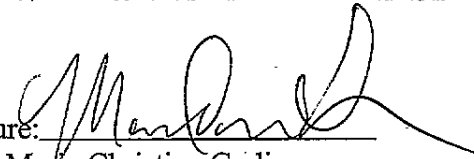
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is: TRULY PEDIATRICS THERAPY, INC.
2. The name and address of the Registered Agent and office is:

Maria Christina Godin
4155 N.W. 64th Avenue
Coral Springs, Florida
33067

Signature: 
Title: Incorporator
Date: 10/29/99

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: 
Maria Christina Godin
Date: 10/29/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA