

PI3000048609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

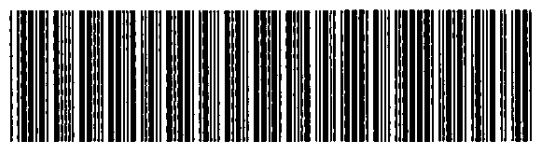
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/31/13--01009--006 **78.75

FILED
13 MAY 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LifeForce Pediatric Therapy Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Shirley A Esse

Name (Printed or typed)

337 SW Cherryhill Rd

Address

Port St. Lucie, FL 34953

City, State & Zip

586-206-0837

Daytime Telephone number

christallynn@netzero.net ✓

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

13 MAY 31 AM 11:00

FILED

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LifeForce Pediatric Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

337 SW Cherryhill Rd.

Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Pediatric Therapy Services in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley A Esse

Name and Title: _____

Address 337 SW Cherryhill Rd

Address: _____

Port St. Lucie, FL 34953

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Shirley A Esse
 Address: 337 SW Cherryhill Rd.
Port St. Lucie, FL 34953

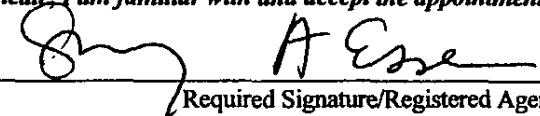
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

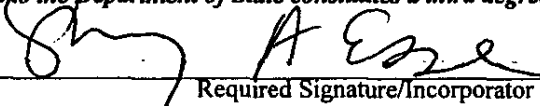
Name: Shirley A Esse
 Address: 337 SW Cherryhill Rd.
Port St. Lucie, FL 34953

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 STATE DEPT OF STATE
 TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X  05/21/2013
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X  05/21/2013
 Required Signature/Incorporator Date