POIOOOS983

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

SUBJECT:

100004418341--5--06/13/01--01083--022 *****70.00 ******70.00

(FROFOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:				
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate o Status				
FROM:	Name (Pr	cinted or typed) ONUS AVE. ddddddddddddddddddddddddddddddddddd	ALLAHASSET	01 JUN 13 F			
NICORT	(813) 928 -8	331000 State & Zip	FL ORIDA	PH 2: 18			

Therapy, Inc.

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

ARTICLE I NAME The name of the corporation shall be:			LECKE TO THE
TLH Therapy, Inc.		-	TARY I
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		- -	PH 2: 18 FILORID
io 26 Bosphorus Ave. Tampa, FL 33606	VELA		Pin W
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	- 	. W	
To transact any business will legal in the United States of the	hich is etate of	Floricla.	
ARTICLE IV SHARES The number of shares of stock is:	-	<u>u</u> n −	
10,000 shares	viria y	-	
ARTICLE V INITIAL OFFICERS DIRECTOR	RS (optional)	e we see	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered	agent is:	- 	
Tracey Hix U26 Boschorus Ave.			
Tampa, FL 3860L			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Tracey Hix U26-Boodhorus Ave.		-	
Tampa, F.L. 33406	_		

Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered.	s for the above stated cred agent and agree t	corporation at the pla to act in this capacity	ice designated in this
(bacesty	, , ;	4/8/01	
Signature/Registered Agent		Date '	_
Signature/Incorporator	·	10 8 DI	
		Daw	

ARTICLES OF INCORPORATION

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