

PD3000109573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

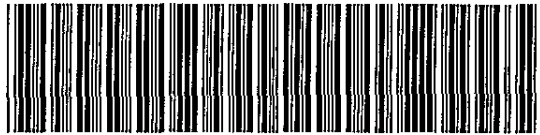
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT -1 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-6-03
[Signature]

TRANSMITTAL LETTER

Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Shining Star Therapy, 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Marty Ridgell Hinkel

12772 Shapell Court

Jacksonville, FL 32223

904-874-8121

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

ARTICLES OF INCORPORATION

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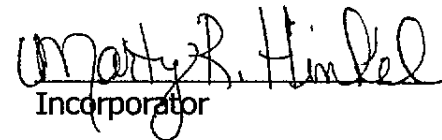
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation shall be: Shining Star Therapy, Inc.
2. The principal place of business and mailing address of the corporation is: 12772 Shapell Court, Jacksonville, FL 32223.
3. The corporation shall have the authority to issue 1000 shares of stock.
4. The registered agent of the corporation is Marty Ridgell Hinkel and the registered street address is 12772 Shapell Court, Jacksonville, FL 32223.
5. The initial Board of Directors shall have one member whose name and address are as follows: Marty Ridgell Hinkel, 12772 Shapell Court, Jacksonville, FL 32223.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

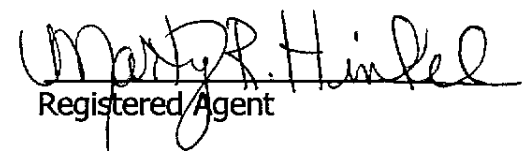
6. The incorporator of this corporation is Marty Ridgell Hinkel whose street address is: 12772 Shapell Court, Jacksonville, FL 32223.

Dated 09/29/03


Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 09/29/03


Registered Agent