

PO4000057671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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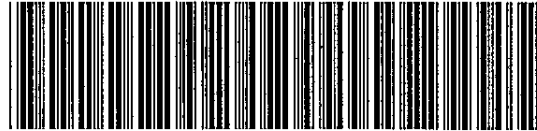
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 MAR 29 PM 3:27  
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## TRANSMITTAL LETTER

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

SUBJECT: Children's Therapy Solutions Inc. (LT)  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

FROM: Lena Thoresen  
Name (Printed or typed)

11440 30<sup>th</sup> Cove East  
Address

Parrish, FL 34219  
City, State & Zip

941 545 6397 or 941 776 3120  
Daytime Telephone number

**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:

Children's Therapy Solutions Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Children's Therapy Solutions Inc.  
P.O. Box 425  
Ellenton, FL 34222-0425

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Children's Therapy Solutions Inc. is designed to provide effective health care to children and families.

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares divided two ways

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President: Lena Thoresen 11440 30th Cove East, Parrish, FL 34219  
Vice President: Kathy White 11440 30th Cove East, Parrish, FL 34219

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lena Thoresen  
11440 30th Cove E  
Parrish, FL 34219

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lena Thoresen  
11440 30th Cove East  
Parrish FL 34219

\*\*\*\*\*  
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

Lena Thoresen, OTR/L  
Signature/Registered Agent

3/25/04  
Date

Lena Thoresen, OTR/L  
Signature/Incorporator

3/25/04  
Date

FILED  
04 MAR 29 PM 3:27  
CLERK OF CIRCUIT COURT  
PARRISH, FL 34219