

P07000084763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

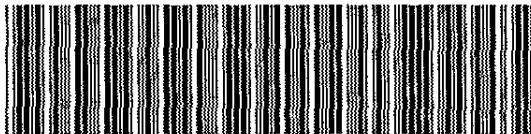
(Business Entity Name)

(Document Number)

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

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07/09/07--01014--016 \*\*78.75

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2007 JUL 23 P 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W07-32687

dec 7/07

COVER LETTER

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

SUBJECT: Sharp Therapy Services Incorporated  
(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: Patricia Sharp  
Name (Printed or typed)

538 Azure Ave  
Address

Wellington, FL 33414  
City, State & Zip

561-333-7303  
Daytime Telephone number

2007 JUL 23 P 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

July 20, 2007

To whom it may concern,

Your agency returned my application for incorporation stating that I needed to have stocks. I fixed the paperwork and am resending the application to you. You already have my check. If there are any questions please feel free to contact me at h: 561-333-7303 or c: 561-282-7145. Thank you for your time.

Sincerely,

*Patricia Sharp*

Patricia Sharp

RECEIVED  
07 JUL 23 PM 4: 02  
FLORIDA DEPARTMENT OF  
CORRECTIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2007

PATRICIA SHARP  
538 AZURE AVE  
WELLINGTON, FL 33414

SUBJECT: SHARP THERAPY SERVICES, INCORPORATED  
Ref. Number: W07000032687

We have received your document for SHARP THERAPY SERVICES, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 007A00043957

**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:

Sharp Therapy Services, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

538 Azure Ave.  
Wellington, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Patricia Sharp, owner, President  
538 Azure Ave  
Wellington, FL 33414

**ARTICLE VI REGISTERED AGENT**

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

Patricia Sharp  
538 Azure Ave  
Wellington, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Patricia Sharp  
538 Azure Ave  
Wellington, FL 33414

\*\*\*\*\*

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:

Patricia Sharp  
Signature/Registered Agent

7/6/07  
Date

Patricia Sharp  
Signature/Incorporator

7/6/07  
Date

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2007 JUL 23 P 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA