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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

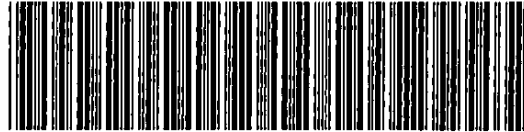
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS 7-26

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TheraPeeds, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Julia Harper

(Name of Person)

TheraPeeds, Inc.

(Firm/Company)

11011 Sheridan Street, Suite 303

(Address)

Cooper City, FL 33026

(City/State and Zip code)

For further information concerning this matter, please call:

Julia Harper

(Name of Person)

at (954) 438-7935

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2007

JULIA HARPER / THERAPEEDS, INC.
11011 SHERIDAN ST., STE. 303
COOPER CITY, FL 33026

SUBJECT: THERAPEEDS, INC.
Ref. Number: W07000034370

We have received your document for THERAPEEDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 407A00045368

Julia Harper, M.S., OTR/L
Therapeeds, Inc.

11011 Sheridan Street
Suite 303
Cooper City, FL 33026

Wednesday, July 25, 2007

Ms. Carolyn Lewis
Document Specialists
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: TheraPeeds, Inc.
Ref. #: W07000034370

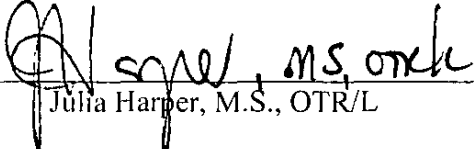
Dear Ms. Lewis,

Thank you so much for your prompt response to our request to registered our company as a Florida Foreign Corporation.

Pursuant to your request, enclosed is an original New York State Certificate of Existence, on behalf of TheraPeeds, Inc. The certificate has been duly authenticated by the Special Deputy Secretary of New York State.

Thank you in advance for all your time and help.

Sincerely,



Julia Harper, M.S., OTR/L

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TheraPeeds, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 11-3509073

(FEI number, if applicable)

4. 09/01/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11011 Sheridan Street, Suite 303, Cooper City, FL 33026

(Principal office address)

11011 Sheridan Street, Suite 303, Cooper City, FL 33026

(Current mailing address)

8. Occupational Therapy Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Julia Harper

Office Address:

4620 Lupo Lane

Southwest Ranches

(City)

, Florida 33330

(Zip code)

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TALLAHASSEE, FLORIDA

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Julia Harper
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Julia Harper

Address: TheraPeeds, Inc.
11011 Sheridan Street, Suite 303, Cooper City, FL 33026

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Julia Harper

Address: TheraPeeds, Inc.
11011 Sheridan Street, Suite 303, Cooper City, FL 33026

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Julia Harper
(Signature of Director or Officer listed in number 12 of the application)

14. Julia Harper, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THERAPEEDS, INC. was filed on 09/01/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 23rd day of July two
thousand and seven.*


Special Deputy Secretary of State

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