

No 80000000830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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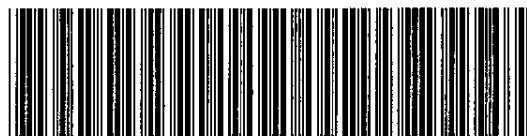
(Business Entity Name)

(Document Number)

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Meier & Brooks PA  
Requester's Name  
P.O. Box 1547  
Address  
Tau 32302 850-878 5212  
City/State/Zip Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Alliance for Pediatric Therapies, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☒ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**ALLIANCE FOR PEDIATRIC THERAPIES, INC.**

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The undersigned, acting as incorporators of this Corporation not for profit pursuant to Chapter 617, Florida Statutes, adopt the following articles of incorporation as follows:

I.  
**NAME**

The name of this Corporation is Alliance for Pediatric Therapies, Inc. The initial address of the corporation is 2568 Centerville Court, Tallahassee, Florida 32308.

II.  
**DURATION**

The period of the duration of this Corporation is perpetual unless dissolved according to law. Corporate existence shall commence upon filing with the Secretary of State.

III.  
**PURPOSE**

The Corporation is organized for the purpose of promoting the business interests of the operators of pediatric therapy practices and practitioners within the State of Florida in order to improve the business conditions of such practices and practitioners. The purposes for which this corporation are organized are exclusively non-profit and for the sole purpose of improvement of business conditions of the pediatric therapy trade in accordance with Section 501(c)(6) of the Internal Revenue Code of 1954, as amended, or the corresponding provision of any future United States Internal Revenue law. Notwithstanding any other provisions of these articles, this organization shall not carry on any activities which are not permitted to be carried on by an organization exempt from taxation pursuant to the Internal Revenue Code of 1954, Section 501(c)(6).

IV.  
**MEMBERS**

The members of the Corporation shall be as provided in the by-laws. There may be separate classes of membership prescribed in the by-laws.

V.  
**REGISTERED AGENT**

The street address and city of the registered office of the Corporation is:

2568 Centerville Court  
Tallahassee, Florida 32308

The name of the registered agent at such address is Christopher Robert Snow.

VI.  
**BOARD OF DIRECTORS AND OFFICERS**

The number of persons constituting the Board of Directors of the Corporation shall be not less than three nor more than ten as provided in the by-laws. The membership of the Board of Directors and the manner of their selection shall be provided in the by-laws. The by-laws may also provide for the selection of such officers as are deemed necessary or desirable.

VII.  
**INDEMNIFICATION OF OFFICERS AND DIRECTORS**

All officers and directors of this Corporation shall be indemnified by the Corporation against all expenses and liabilities, including attorney's fees (including appellate proceedings) reasonably incurred in connection with any proceeding or settlement thereof in which they may become involved by reason of holding such office. The Corporation may purchase and maintain insurance on behalf of all officers and directors against any liability asserted against them or incurred by them in their capacity as officers and directors or arising out of their status as such.

VIII.  
**NON-STOCK BASIS**

This Corporation is organized on a non-stock basis.

IX.  
**DISSOLUTION**

In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c) of the Internal Revenue Code of 1954, as amended, or corresponding sections of any prior or future law, or to the federal, state or local government for exclusively public purposes.

X.  
**NON-PROFIT STATUS**

This organization is organized not-for-profit and is not intended to be nor is it organized for the purpose of engaging in any activity ordinarily carried on for profit. No part of the net earnings of this corporation will inure to the benefit of any member or other individual. The Corporation shall be primarily supported by membership dues and other income from activities substantially related to its tax exempt purpose.

XI.  
**INCORPORATORS**

The name and address of the original incorporators of this Corporation are as follows:

Alisa LaPolt Snow	Christopher Robert Snow
2568 Centerville Court	2568 Centerville Court
Tallahassee, Florida 32308	Tallahassee, Florida 32308

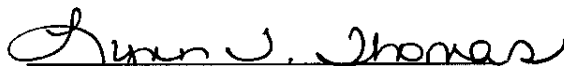
**IN WITNESS WHEREOF**, the undersigned, being the incorporators of this corporation, have executed these articles of incorporation on the date indicated.

  
ALISA LAPOLT SNOW  
Incorporator

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 25<sup>th</sup> day of January, 2008, by Alisa LaPolt Snow, ~~who is personally known to me~~ **OR** who has produced a valid Florida Driver's License as identification (strike through one) and who did **OR** ~~did not~~ (strike through one) take an oath that she made and subscribed the same for the purposes therein mentioned and set forth.

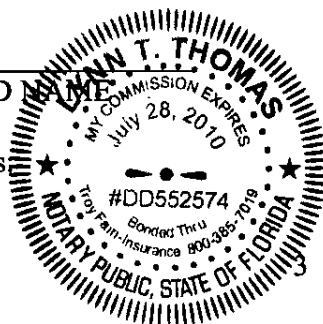
FDL# S500-012-67-607-0

  
NOTARY PUBLIC

Notary:

PRINTED NAME

My Commission Expires



  
CHRISTOPHER ROBERT SNOW  
Incorporator

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 25<sup>th</sup> day of January, 2008, by Christopher Robert Snow, who is ~~personally known to me~~ **OR** who has produced a valid Florida Driver's License as identification (strike through one) and who did **OR** ~~did not~~ (strike through one) take an oath that he made and subscribed the same for the purposes therein mentioned and set forth.

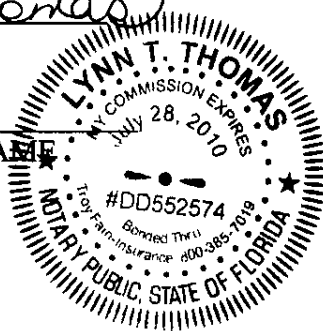
FDL# 5500-116-62-463-0

  
NOTARY PUBLIC

Notary:

PRINTED NAME: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above-stated corporation, at the place designated in these articles of incorporation, I hereby agree to act in this capacity, and I agree to comply with the provisions of Section 48.091, Florida Statutes relative to keeping open said office for service of process.

  
CHRISTOPHER ROBERT SNOW  
Registered Agent

Date: 1/25/08