

N12000008960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000239617900

09/18/12--01012--001 **70.00

FILED
12 SEP 18 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32307

9-19-12

3

COVER LETTER

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

SUBJECT: TherHAPPY THERAPY SERVICES, 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Greg K. Myers/Myers Business Services, Inc.
Name (Printed or typed)

P.O. Box 10189
Address

Brooksville, FL 34603-0189
City, State & Zip

352-544-0024
Daytime Telephone number

MBSINC1979@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
12 SEP 18 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 323

ARTICLE I - NAME:

The name of the corporation shall be: **TherHAPPY THERAPY SERVICES, INC.**

ARTICLE II - PRINCIPAL OFFICE:

7497 Oak Tree Lane; Spring Hill, FL 34607-2324

ARTICLE III - PURPOSE:

The organization is organized for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code in order to raise funds to serve the therapy needs of both children and adults by using both traditional speech, language, pathology, physical therapy and occupational therapy principles along with the use of animals as a treatment modality. To provide therapy services to those impaired by developmental chronic or progressive physical impairments aimed at achieving optimal individualized functioning in order for them to live a life of maximum potential and freedom from pain.

ARTICLE IV - MANNER OF ELECTION:

The manner in which the directors are elected and appointed is provided for in the Corporation By-Laws.

ARTICLE V - INITIAL OFFICERS AND DIRECTORS:

President ~ Andrea Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324
V-President ~ Chad Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324
Secretary ~ Chad Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324
Treasurer ~ Andrea Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324

ARTICLE VI - DISSOLUTION:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE VII - REGISTERED AGENT:

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

Andrea Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324

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.


Signature of Registered Agent  Date: 9/6/12

ARTICLE VIII - INCORPORATOR:

The **name and address** of the Incorporator is:

Andrea Clark; 7497 Oak Tree Lane; Spring Hill, FL 34607-2324

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Incorporator  Date: 9/6/12

FILED
12 SEP 18 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399