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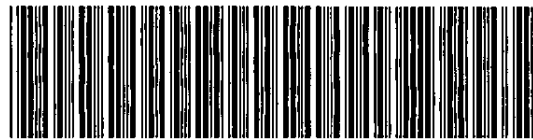
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2016 OCT -3 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MANUAL THERAPY FOUNDATION, 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: LOIS WALTERS
Name (Printed or typed)

8632 STATE ROAD 70 EAST
Address

BRADENTON, FL 34202
City, State & Zip

941-351-3561
Daytime Telephone number

SHEADAIGN@GMAIL.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

OF

MANUAL THERAPY FOUNDATION, INC.

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation of such corporation:

ARTICLE I - NAME AND PRINCIPAL ADDRESS

The name of this corporation shall be:

MANUAL THERAPY FOUNDATION, INC.

The principal place of business of this corporation shall be:

9020 58th Drive East, Suite 101

Bradenton, Florida 34202

ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE III

The purposes for which the corporation is organized are:

The purposes for which the corporation is organized to provide manual therapy for the purpose of pain relief and the treatment of disorders that are positively affected by manual therapy, such as Lymphedema, to those who are unable to receive this type of treatment due to income restrictions.

The purpose is to help remedy the current situation in healthcare where the majority of health insurance companies, including Medicare, do not cover these types of necessary treatments or the coverage is limited to medical practices that do not employ the correct type of Manual Therapy Practitioners.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The qualifications for members and the manner of their admission are:

Members must be certified Medical Massage Practitioners or Licensed Massage Therapists training under a CMMP, Certified Lymphedema Therapist and Certified Manual Lymphatic Drainage Therapists.

ARTICLE V

The number constituting the initial Board of **directors, trustee, or managers**, (circle one) of the corporation is three and the names and addresses of the persons who are to serve initially are: (not less than 3)

| NAME | ADDRESS |
|------------------------|--|
| Elizabeth Shea Shulman | 7925 Keryn Hammock Court Sarasota, Florida 34240 |
| Nancy Strand | 8777 49 th Terrace East Bradenton, Florida 34211 |
| Melissa Kelly | 2925 50 th Avenue West, #22 Bradenton, Florida 34207 |

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII

Upon the dissolution of the 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. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII

The name and address of the incorporator is

Elizabeth Shea Shulman

7925 Keryn Hammock Court
Sarasota, Florida 34240

ARTICLE IX

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue code, or corresponding section of any future federal tax code.

ARTICLE X

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE XI

The officers will be elected at the annual board of directors meeting as stated in the bylaws:

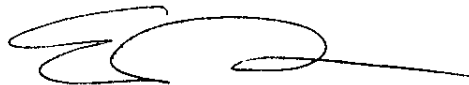
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: MANUAL THERAPY FOUNDATION, INC.
2. The name and address of the registered agent and office is:

Elizabeth Shea Shulman

7925 Keryn Hammock Court
Sarasota, Florida 34240



SIGNATURE

(corporate officer)

TITLE President

DATE September 26, 2016


HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



SIGNATURE


DATE September 26, 2016

Signature(s) of Incorporator(s)



I HEREBY CERTIFY that on this 26th day of September, 2016, before me, an officer duly authorized and acting, personally appeared, to me known and known to me, or who has produced _____ as identification to be the individual described in and who executed the foregoing instrument and acknowledged then and there before me that executed said instrument.

Lois Walters

 LOIS J. WALTERS
MY COMMISSION # FF900581
EXPIRES: July 23, 2019

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SECRETARY
TALLAHASSEE FL 32301