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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : BERRIZ & CIRALDO P.A.
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FLORIDA PROFIT CORPORATION OR P.A.

THERAPY PLUS SERVICES, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
THERAPY PLUS SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE I

The name of this corporation shall be:

THERAPY PLUS SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

Name:

THERAPY PLUS SERVICES, INC.

Nora Giraldo
4080 SW 84 Ave
Miami, FL 33155
(305) 485-9300

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TALLAHASSEE, FLORIDA

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**GIOVANNA MOJICA
6484 INDIAN CREEK DR # 112
MIAMI BEACH, FL. 33141**

The principal office shall be:

**6484 INDIAN CREEK DR # 112
MIAMI BEACH, FL. 33141**

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ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

**GIOVANNA MOJICA
6484 INDIAN CREEK DR # 112
MIAMI BEACH, FL. 33141**

PRESIDENT

The name and address of the incorporator executing these articles of incorporation

**GIOVANNA MOJICA
6484 INDIAN CREEK DR # 112
MIAMI BEACH, FL. 33141**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 7 days of FEBRUARY, 2001


GIOVANNA MOJICA

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

THERAPY PLUS SERVICES, INC.

2. The name and address of the registered agent and office is:

**GIOVANNA MOJICA
6484 INDIAN CREEK DR # 112
MIAMI BEACH, FL. 33141**

**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 AGREES TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

SIGNATURE

Giovanna Mojica

Dated: FEBRUARY 7, 2001

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TALLAHASSEE, FLORIDA

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