## Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name

: SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number :

I19990000058 (954) 753-6042

Phone

Fax Number

: (954)753-1123

## FLORIDA PROFIT CORPORATION OR P.A.

THERAPEUTICALLY SPEAKING, INC.

Certificate of Status	1
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N. Guiligan JUN 1 3 2001

6/11/01

# ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be: Therapeutically Speaking, Inc. SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OF JUN 13 PM 2:54

### ARTICLE TWO

### PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

532 NW 98<sup>th</sup> Avenue Plantation, Fl 33324

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H010000727031

# ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

### ARTICLE FOUR

### INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Stephaniel, Schwartz

532 NW 98th Avenue

Plantation, FL 33324

ARTICLE FIVE

### INCORPORATOR

The name and address of the Incorporator is:

StephanielSchwartz

532 NW 98<sup>th</sup> Avenue

Plantation, Fl 33324

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The undersigned has executed these Articles of Incorporation. This 12th day of June.

Date: 6.12-01

### CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is:
  Therapeutically Speaking, Inc.
- 2. The name and address of the registered agent Stephaniel Schwartz
  532 NW 98th Avenue
  Plantation, Fl 33324

signature: 2 Stoplanie L. School	<sup>7</sup> 7
Date: (0-12-01	

Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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.

signacure: tistiplanie & Schwartz

Date: 6-12-01

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