TRANSMITTAL LETTER

## Pologog2807

\*\*\*\*\*87.50 \*\*\*\*\*87.58

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

| SUBJECT: KOBYN HUFF, OTR/L, P.H.                |                                   |                           |  |  |
|---|-----------------------------------|---------------------------|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |                                   |                           |  |  |
|   |                                   |                           |  |  |
|   |                                   |                           |  |  |
| Enclosed is an origina                          | al and one(1) copy of the article | es of incorporation and a | check for  |  |
| Enclosed is all origina                         | at and one(1) copy of the article | cs of incorporation and a | A A  |  |
| □ \$70.00                                       | <b>□</b> \$78.75                  | <b>□</b> \$78.75          | <b>№</b> 1.\$87.50   |  |
| Filing Fee                                      | Filing Fee                        | Filing Fee                | Filing Fee,  |  |
| 5   | & Certificate of Status           | & Certified Copy          | Certified Copy   |  |
|   |                                   |                           | & Certificate of   |  |
|   |                                   | ,                         | Status   |  |
|   |                                   | ADDITIONAL CO             | PY REQUIRED  |  |
|   | 0 1                               |                           |  |  |
| FROM: KOBYN HUFF                                |                                   |                           |  |  |
| Name (Printed or typed)                         |                                   |                           |  |  |
|   |                                   |                           |  |  |
| 124 WOODLAKE CIRCLE                             |                                   |                           | <del></del>  |  |
| Addicos   |                                   |                           |  |  |
| 1. (1) . 6, 22112                               |                                   |                           |  |  |
| LAKE WORTH FL 33463  City, State & Zip          |                                   |                           |  |  |
|   | City,                             | outo a Dip                | ALEC S   |  |
|   | 561-386-74                        | 26                        | 宝 甲  |  |
|   | Daytime Telephone number          |                           | FILED<br>P 20 AM<br>ETAKY OF<br>AMASSEE.                           |  |
|   |                                   |                           |  |  |
|   |                                   |                           | SEP 20 AM 3: 27 SEP 20 AM 3: 27 CRETAKY OF STAIL LLAHASSEE, FLORIC |  |
|   |                                   |                           |  |  |
|   |                                   |                           | DE   |  |

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

B 9-21-01

| ARTICLES OF INCORPORATION   | * * * * * * * * * * * * * * * * * * *                        |  |  |
|---|--|--|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S.   | (Profit)   |  |  |
| ARTICLE I NAME  | FILED  |  |  |
| The name of the corporation shall be:   | . <del></del>  |  |  |
| ROBYN HUFF, OTR/L, P.A.   | 01 SEP 20 AM 3: 27   |  |  |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  124 WOODLAKE CIRCLE  LAKE WORTH PL 33463                       | SECRETARY OF STATE TALLAHASSEE, FLORIDA                      |  |  |
| ARTICLE III PURPOSE   | en e                     |  |  |
| The purpose for which the corporation is organized is:  TO BE SECF EMPLOYED AS AN   | OCCUPATIONAL THERAPIST                                       |  |  |
| ARTICLE IV SHARES The number of shares of stock is: 50  |  |  |  |
| ARTICLE V INITIAL OFFICERS/DIRECTORS The name(s) and address(es):   | (optional)   |  |  |
| <b>/ · ·</b> /  |  |  |  |
| ARTICLE VI REGISTERED AGENT   |  |  |  |
| The name and Florida street address of the registered ages  ROBYN HUFF 124 WOODLAKE CLECKE LAKE WORTH FL 33463                                  | nt is:   |  |  |
| ARTICLE VII INCORPORATOR  |  |  |  |
| The <u>name and address</u> of the Incorporator is:  ROBYN HUFF 124 WOODLAKE CIRCLE   |  |  |  |
| LAICE WORTH FL 33463  | ·  |  |  |
| ***************   | ********   |  |  |
| Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered | the above stated corporation at the place designated in this |  |  |
| Signature/Registered Agent  |  |  |  |
| Kolyn Huff  | 9/(8/0)  |  |  |
| Signature/Incorporator/   | Date   |  |  |