

P02000049145

(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

400005368074--6  
-04/29/02--01059--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: First Stop therapy Clinic.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

ERICA VELAZQUEZ  
(Individual's Name)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR 29 AM 9:02

First Stop therapy Clinic.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

519-B Jones Ave  
Suite 7  
Haines City, FL 33845

PHONE

(863) 421-5865  
Area Code Number Ext.

F. GHESSER

MAT 6

First Stop  
Therapy

ARTICLES OF INCORPORATION

of

Clinic Inc.  
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

First Stop Therapy Clinic Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR 29 AM 9:05

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 50 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
519-B Jones Ave Suite 7			
CITY	Haines City	FLORIDA	FL ZIP 33845

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	ERICA R. VELAZQUEZ		
ADDRESS	519-B Jones Ave Suite 7		
CITY	Haines City	FLORIDA	FL ZIP 33845

ARTICLE V11- INTITAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less tan one(1). The namesand addresses of the initial director(s) of the corporation are as follows.

NAME Erica R. Velazquez.  
ADDRESS 519-B Jones Ave Suite 7  
CITY Heines City STATE FL ZIP 33845

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARTICLE V111-INCORPORATORS

The names abd address if the incorporators signing these articles of Incorporations are as follows:

NAME Erica R. Velazquez.  
ADDRESS 519-B Jones Ave Suite 7  
CITY Heines City STATE FL ZIP 33845

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The undersigned incorporator(s) have executed these Articles of Incorporation this 23 day of April 2002

Erica Velazquez (signature)  
\_\_\_\_\_ (signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

First Stop Therapy Clinic Ins.  
NAME OF CORPORATION

Pursuant of Florida Statutes Sections 48.091 and 607.0501 the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 519-B Jones Ave Suite A  
MAINES City, FL 33845  
has named ERICA R. VELAZQUEZ  
located at the aforesaid address, as its registered agent to accept to accept service of process within this state.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR 29 AM 9:05

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 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 obligatins ofmy position as registered agent.

Erica Velazquez  
(signature)

4/23/02  
(date)