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(City, State, Zip) (Phone #) SECRETARY OF STATE TALLAHASSEE FLORIDA

Examiner's Initials

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CORPORATION NAME(S)	&	DOCUMENT NUMBER(S) (if k	nown):
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#### ARTICLES OF INCORPORATION

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## GOLDEN COAST THERAPY, CORP.

(name of corporation)

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I - CORPORATE NAME

The name of the corporation is:

GOLDEN COAST THERAPY, CORP.

#### 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.

ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of Dollar(s) (\$ 1,00 par. value Common Stock, which shall be designated "Common Shares".

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JORGE G. DAVIS	
ADDRESS	5453 WEST WATERS AVE., STE 105	_
CITY	TAMPA STATE FLORIDA ZIP 33634	

The principal office, if known, or the mailing address of the corporation is:

NAME	GOLDEN COAST THERAPY, CORP.
ADDRESS	5433 WEST WATERS AVE., STE 105
CITY	TAMPA STATE FLORIDA ZIP 33634

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have \_\_\_\_) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less that one (1). The names and addresses of the initial director(s) of the corporation are as follows:

		of the corporation	are as tone	ows:	
NAME	JORGE G. DAVIS	PRESIDENT	100%	SHARES	
ADDRESS	5453 WEST WATERS AVE	., STE 105			<u> </u>
CITY	TAMPA	COTT A COTT	ORIDA	ZIP 33634	
NAME	-			33034	
ADDRESS		· · · · · · · ·	<u>-</u>	Leave to the second sec	- - ÷ ्रफा
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#### Article VII - INCORPORATORS

NAME JO	ORGE G.	DAVIS		rs signing t					
	453 WEST	<u>*</u>	AVF	STE 105	Secretary		£	7:	-
	AMPA			STATE	FLORIDA	7770	22627	<u> 1.7                                    </u>	·
NAME				SIAIE	PLUKIDA	ZIP	33634		
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STATE OF FLORI				) SS					
COUNTY OF				، ۱۰ (سند		·		٠.	
before me, a Notary personally appeared	y Public auth	orized to t	ake ackn	owledgmen	ts in the State	and Coun	ty set forth	above,	
	,	JORGE	G. DAV	IS					
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your									
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Primed Notary Signiture

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

O2 JUL 23 PH 12: 32
SECRETARY OF STATE
TALLAHASSEE FLORIS

# CERTIFICATE OF REGISTERED AGENT OF

GOLDEN COAST THERAPY, CORP.

(name of corporation)

The above c	Florida Statutes Sections 48.091 and 607.0501, the following is submitted: orporation, desiring to organize under the laws of the State of Florida with d office as indicated in the Articles of Incorporation
	5453 WEST WATERS AVE., STE 105
	TAMPA, FLORIDA 33634
has named	JORGE G. DAVIS
located at the within this	ne aforesaid address, as its Registered Agent to accept service of process state.
	ACKNOWLEDGEMENT
stated corporate the obligati	on named as Registered Agent to accept service of process for the above contains at the place designated in this certificate, and being familiar with cons of that position, I hereby accept to act in this capacity, and agree to the provisions of Florida Law in keeping open said office.
	(registered agent)