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TRANSMITTAL LETTER

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

SUBJECT: Lisa Leppert, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an origina	I and one(1) copy of the article	es of incorporation and a	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Lisa Leppert	inted or typed)		
	7686 N.W. 25th	h Street Address ida 33063		
	(954) 575 –	State & Zip 3386 elephone number		

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

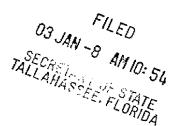
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I</u> NAME

The name of the corporation shall be:

Lisa Leppert, Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7686 N.W. 25th Street Margate, Florida 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Services OCCUPATIONAL THERAPY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 (Five Hundred)

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s), address(es) and title(s):

Lisa Leppert 7686 N.W. 25th Street Margate, Florida 33063 President

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Lisa Leppert 7686 N.W. 25th Street Margate, Florida 33063

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Lisa Leppert 7686 N.W. 25th Street Margate, Florida 33063

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Lisa Leppert Lisa Leppert Lisa Leppert Signature/Registered Agent

Lisa Leppert Signature/Incorporator