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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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Office Use Only



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ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005	=
REFERENCE: 95/1889-1	
DATE: 5/2	
REQUESTOR HAME: Lexis Document Services	*
ADDRESS:	
TELEPHONE: () () ext ()	
CONTACT NAME:	
CORPORATION NAME: TheraCruit, Inc.	
DOCUMENT NUMBER:(if applicable)	:.
AUTHORIZATION: Cynthin J. Woodyard	78.75
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLATH STAMPED COPY	- · ·
	After 4:30 Pick Up

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TheraCruit, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

1202 Seagate Dr. #204, Palm Harbor, FL 34685

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: General Purpose

ARTICLE IV SHARES

The number of shares of stock is:

1,500 Shares at No Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

LexisNexis Document Solutions Inc., 3953 W.W. Kelley Road, Tallahassee, FL 32311

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

LexisNexis Document Solutions Inc., 30 Old Rudnick Lane, Dover, DE 19901

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

Signature/Registered Agent

Signature/Incorporator