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(Requestor's Name)

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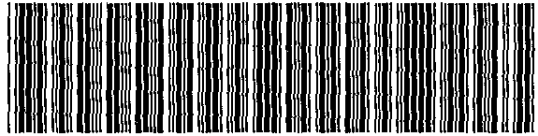
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-14-03

TRANSMITTAL LETTER

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

SUBJECT: Sports Rehab Products, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Stacy Lenoir
Name (Printed or typed)

3915 W. San Rafael St.
Address

Tampa, FL 33629
City, State & Zip

(813) 727-6163
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
SPORTS REHAB PRODUCTS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Article of Incorporation.

ARTICLE I
NAME

The corporation shall be: Sports Rehab Products, Inc.

ARTICLE II
PRINCIPAL OFFICE

The mailing address of the initial principal office of this corporation is 3915 W. San Rafael St, Tampa, FL 33629.

ARTICLE III
PURPOSES

To engage in any activity or business permitted under the laws of the United States and the State of Florida, including health products.

ARTICLE IV
CAPITAL STOCK

This corporation is authorized to issue 10 shares of common stock.

The common stock of the corporation shall have the following characteristics:

- (a) Par value shall be \$1.00 per share.
- (b) At all meetings of the stockholders, the common stockholders shall be entitled to cast one (1) vote for each share of common stock owned. That a common stockholder is interested in a matter to be voted shall not disqualify him from voting thereon.
- (c) Except as otherwise provided by law, the entire voting power for the election of the directors and for all other purposes shall be vested exclusively in the holders of the outstanding common stock.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V
TERM OF EXISTENCE

This corporation shall have perpetual existence commencing on the date of filing these Articles of Incorporation with Secretary of State of the State of Florida.

ARTICLE VI
INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent of this corporation is Stacy Anne Lenoir. The street address of the initial agent of this corporation is 3915 W. San Rafael St, Tampa, FL 33629.

ARTICLE VII
INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) Director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

Stacy Anne Lenoir
3915 W. San Rafael St
Tampa, FL 33629

ARTICLE VIII
INCORPORATOR

The name and street address of the person signing these Articles is Stacy Anne Lenoir, 3915 W. San Rafael St., Tampa, FL 33629.

The undersigned has executed these Articles of Incorporation this 9th day, August 2003.



Stacy Anne Lenoir, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.501, Florida Statutes, the undersigned corporation, organizes under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Sports Rehab Products, Inc.
2. The name and address of the registered agent and office is: Stacy Anne Lenoir
3915 W. San Rafael St., Tampa, FL 33629.

Dated: 8/9, 2003

Stacy Anne Lenoir, Incorporator



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated: 8/9, 2003

Stacy Anne Lenoir, Registered Agent

