

P048000026240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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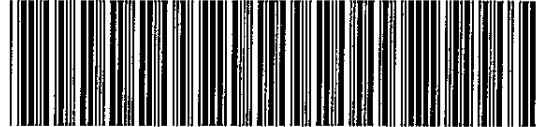
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -2 PM 2:36

2-10-04
MCC

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

TRANSMITTAL LETTER

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

SUBJECT: HOME IN THERAPY, INC.
(Proposed corporate name-must include suffix)

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

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: PATRICIA BOYLE
Name(Printed or typed)

7905 NW 19TH STREET
Address

MARGATE, FL 33063
City, State & Zip

(954) 970-0547
Daytime Telephone number

ARTICLES OF INCORPORATION

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DIVISION OF CORPORATIONS
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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HOME IN THERAPY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7905 NW 19TH STREET
MARGATE, FL 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

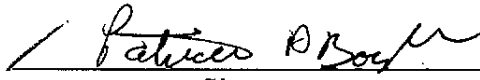
PATRICIA BOYLE
7905 NW 19TH STREET
MARGATE, FL 33063

ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICIA BOYLE
7905 NW 19TH STREET
MARGATE, FL 33063

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17th day of January, 20 04.
(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Notarization is not required
**CERTIFICATE
OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED 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: HOME IN THERAPY, INC.

2. The name and address of the registered agent and office is:

PATRICIA BOYLE
(Name)

7905 NW 19TH STREET
(P.O. Box or Mail Drop Box **NOT** Acceptable)

MARGATE, FL 33063
(City/State/Zip)

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.

Patricia A. Boyle
(Signature)

1/27/04
(Date)