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## TRANSMITTAL LETTER

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

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SUBJECT:

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

ST \$70.00 Filing Fce	<ul> <li>\$78.75</li> <li>Filing Fee &amp; Certificate of Status</li> </ul>	S78.75 Filing Fec & Certified Copy	<ul> <li>\$87.50</li> <li>Filing Fce,</li> <li>Certified Copy</li> <li>&amp; Certificate of</li> <li>Status</li> <li>PY REQUIRED</li> </ul>		
FROM:	Trisha M. Sparbel Name (Printed or typed) 7072 Twin Hills Terrace Address				
	BrackHon FL 34202 City, State & Zip				
	(941) 907-3010 Daytime Telephone 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)

FILED ARTICLE I NAME The name of the corporation shall be: 04 FEB -6 AM 8:26 Hand Dynamics, Inc. SECHELANI OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7072 Twin Hills Terrace Bradenton FL 34202 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To provide occupational Therapy Services ARTICLE IV SHARES The number of shares of stock is: 7000 **INITIAL OFFICERS AND/OR DIRECTORS** ARTICLE V List name(s), address(es) and specific title(s): Trisha Sparbel 2012 Twin Hills Terroce Bradenton, FL 34202 Spartel Tripho President ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ( TVTSHO Sparbel Justice 2072 Twin Hills Tenale Rradenton, FL 34200 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Too be

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

Date Date 1-19-04

Date