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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : JIM SIERRA & ASSOCIATES  
Account Number : 110677000356  
Phone : (305) 271-7310  
Fax Number : (305) 271-4422

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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FLORIDA PROFIT CORPORATION OR P.A.  
OPTIMAL THERAPY CARE, INC.

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## ARTICLES OF INCORPORATION

- OF -

### OPTIMAL THERAPY CARE, INC.

The UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

#### ARTICLE I

The name of this corporation shall be:

**OPTIMAL THERAPY CARE, INC.**

#### ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE DOLLAR (\$1.00) PER SHARE.

#### ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$1.00) DOLLARS.

Prepared by:  
JIM SIERRA & ASSOCIATES  
5550 SW 87TH AVENUE  
MIAMI, FL 33165  
TEL (305) 271-7310  
FAX (305) 271-4422

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Sep. 01 2004 03:37PM P3

**ARTICLE V**

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE VI**

The initial street address of the principal office of the corporation shall be:

143 SW 164<sup>th</sup> AVENUE  
PEMBROKE PINES, FL 33027

**ARTICLE VII**

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

**ARTICLE VIII**

The name and street address of the member(s) of the first Board of Directors of this corporation is as follows:

ANNE CHARLES  
PRES/VICE-PRES/SEC/TREAS  
143 SW 164<sup>th</sup> AVENUE  
PEMBROKE PINES, FL 33027

**ARTICLE IX**

The name and street address of the person(s) signing these Articles of Incorporation as subscriber is as follows:

ANNE CHARLES  
143 SW 164<sup>th</sup> AVENUE  
PEMBROKE PINES, FL 33027

Prepared by:  
JIM SIERRA & ASSOCIATES  
5550 SW 87<sup>th</sup> AVENUE  
MIAMI, FL 33165  
TEL. (305) 271-7310  
FAX. (305) 271-4422

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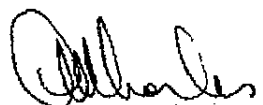
FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422  
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Sep. 01 2004 03:38PM P4

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, ANNE CHARLES, being natural person(s), competent to contract, has here unto set his/their hands and seal this 15<sup>th</sup> day of JULY, 2004.



ANNE CHARLES  
PRESIDENT

Prepared by:  
JIM SIERRA & ASSOCIATES  
5550 SW 87<sup>th</sup> AVENUE  
MIAMI, FL 33165  
TEL. (305) 271-7310  
FAX: (305) 271-4422

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FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

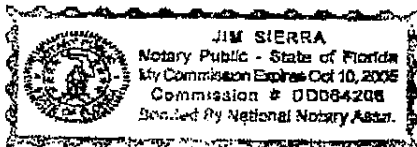
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**STATE OF FLORIDA S.S.  
COUNTY OF MIAMI-DADE**

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared ANNE CHARLES, known and known to me, to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 15<sup>th</sup> day of July, 2004.



  
JIM SIERRA  
Notary Public

My commission expires:

Prepared by:  
JIM SIERRA & ASSOCIATES  
5550 SW 87<sup>TH</sup> AVENUE  
MIAMI, FL 33165  
TEL. (305) 271-7310  
FAX. (305) 271-4422

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FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422  
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Sep. 01 2004 03:39PM P6

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

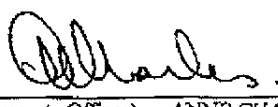
FIRST THAT: OPTIMAL THERAPY CARE, INC.

WITH ITS PLACE OF BUSINESS AT: 143 SW 164<sup>th</sup> AVENUE PEMBROKE PINES, FL 33027

HAS NAMED ANNE CHARLES  
(Name of Registered Agent)

LOCATED AT: 143 SW 164<sup>th</sup> AVENUE PEMBROKE PINES, FL 33027  
(Street address and number of building - PO Box address ARE NOT acceptable)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN  
FLORIDA.

SIGNATURE   
(Corporate Officer) ANNE CHARLES

TITLE: PRESIDENT

DATE: JULY 15<sup>th</sup>, 2004

2004 SEP - 1 A 1 01

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I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE   
(Registered Agent) ANNE CHARLES

DATE: JULY 15<sup>th</sup>, 2004

Prepared by:  
JIM SIERRA & ASSOCIATES  
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