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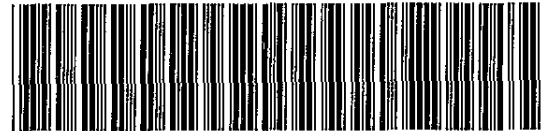
(Business Entity Name)

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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THERAPY ONE SOLUTION, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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ARTICLES OF INCORPORATION

THERAPY ONE SOLUTION, INC.

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: THERAPY ONE SOLUTION, INC.

ARTICLE II: PURPOSE

The corporation shall engage in any activity or business permitted under the Laws of the State of Florida and of the United States of America.

ARTICLE III: PRINCIPAL OFFICE

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

3160 SW 133 CT	MIAMI	FLORIDA	33175
Street address	City	State	Zip Code

ARTICLE IV: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to issue and have outstanding at one time is 500 shares of common stock, and which common stock shall have none par value.

All stock is to be issued as fully paid and exempt from assessment.

ARTICLE V: DURATION

The existence of the corporation is perpetual.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name of the initial registered agent is: LIS I REAL and the street address is 3160 SW 133 CT MIAMI, FL 33175

ARTICLE VII: INITIAL OFFICER(S) /DIRECTOR(S).

The name and street address (es) of the member(s) of the first Board of Directors and slate of Corporate officer(s) are as follows:

Name	Title	Address
LIS I REAL	P/S/T/D	3160 SW 133 CT MIAMI, FL 33175

ARTICLE VIII: SECTION 1244

The stock of the corporation may be issued pursuant to the provisions under Section 1244 of the Internal Revenue Code in order for the stockholders of the corporation may receive the benefits thereunder.


ARTICLE IX: INCORPORATOR(S)

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

LIS I REAL 3160 SW 133 CT MIAMI, FLORIDA, 33175

The undersigned incorporator(s) has(have) executed theses Articles of Incorporation this:

12TH day of OCTOBER, 2004



Signature

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.050, 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: THERAPY ONE SOLUTION, INC.
2. The name and address of the registered agent and office is:

LIS I REAL

(Name)

3160 SW 133 CT

(P.O. Box or Mail Drop Box not acceptable)

MIAMI, FLORIDA, 33175

CITY, STATE, ZIP CODE

Having been named 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.



(Signature)

10/12/2004

(Date)

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