

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : A.A.ALI, CPA Account Number : IZ0000000192 Phone : (407)298-3900

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2005 SEP 29 PM 3: 26

FLORIDA PROFIT CORPORATION OR P.A.

FITNESS FOR LIFE THERAPY, INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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ARTICLES OF INCORPORATION ALLAHASSEE FLORIDA of FITNESS FOR LIFE THERAPY, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

FITNESS FOR LIFE THERAPY, INC. 30 W. WILT AVENUE, EUSTIS, FL 32726

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

| Name: | SHARON BLAKE |
|----------|-------------------|
| Address: | 30 W. WILT AVENUE |
| City: | EUSTIS FL 32726 |

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This 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(s) of the corporation are as follows:

| Name: | SHARON BLAKE, President |
|----------|-------------------------|
| Address: | 30 W. WILT AVENUE |
| City: | RUSTIS PL 32726 |

ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

| Name: | SHARON BLAKE |
|----------|-------------------|
| Address: | 30 W. WILT AVENUE |
| city: | BUSTIS FL 32726 |

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TALLAHASSEE FLORIDA

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

SHARON BLAKE /Registered Agent Date

SHARON BLAKE /Incorporator Date