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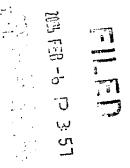
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## **COVER LETTER**

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

SUBJECT: Hope Home Therapy, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:		
\$\bigcup \\$70.00 \bigcup \\$78.75 \\ Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Carlene M. Roach	Printed or typed)			
15107 Southfork Drive				
Tampa, Florida 33624	State & Zip			
813-960-8831	elephone 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)

#### ARTICLE I NAME

The name of the corporation shall be:

Hope Home Therapy, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15107 Southfork Drive Tampa, Florida 33624

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Therapy services

#### ARTICLE IV SHARES

The number of shares of stock is:

1000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carlene M. Roach 15107 Southfork Drive Tampa, Florida 33624

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carlene M. Roach 15107 Southfork Drive Tampa, Florida 33624

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlene M. Roach 15107 Southfork Drive Tampa, Florida 33624

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

FILED MA FEB-6 P 3:57

Signature/Registered Agent

Only
Signature/Incorporator

Date

2/3/06

Date