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2006 MAY 12 P 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5-15-06
100

COVER LETTER

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

SUBJECT: OT Referrals, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mari Arias-Perez
Name (Printed or typed)

3621 SW 132 Ave.
Address

Miami, FL 33175
City, State & Zip

(786) 271-6767
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)

ARTICLE I NAME

The name of the corporation shall be:

OT Referrals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3621 SW 132 Avenue
Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Occupational Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mari Arias-Perez (President)

ARTICLE VI REGISTERED AGENT

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

Angel Perez
711 NW 134 Avenue
Miami, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mari Arias-Perez
3621 SW 132 Avenue
Miami, FL 33175

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

Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/9/06

Date

5/9/06

Date