(Requestor's Name) (Address)	400131344954
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
rtified Copies Certificates of Status	2001 TAL
Office Use Only	FILED 2000 JUN 23 PM 12: 10 SECRETARY OF STATE TALLAHASSEE.FLORIDA

COVER LETTER

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

E Pediatric Therapy Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT: CHOIC

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	F
& Certified Copy	C
	&
	0

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

ADDITIONAL COPY REQUIRED

COURTNEY L. Williams Name (Printed or typed) FROM: EXECUTIVE PARK Dr Suite -1 3333 City, State & Zip 49 2922 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

n ne sa ARTICLES OF INCORPORATION PH 12: In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: HOICE Pediatric Therapy Center, Inc ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2751 Executive Park Dr Suite 202 Weston; FI 33331 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Therapeutic Intervention for Children with special needs ARTICLE IV SHARES 50-Courtney L. Williams 50 Jyoti Patel The number of shares of stock is: 100 ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific title(s): Ourtney L. Williams, Owner & Director, Jyoti Patel 3190 Pacific Way Miramar, FI 33025 761 NW 135 may 3190 Pacific Way Miramar, FI 33025 Plantation, F/ 33325 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DLIV+nev L. WILLOUMS 3190 Pacific Way Miramar, FI 33025 ARTICLE VII The name and address of the Incorporator is: OURTHEVL. WILLIAMS 3190 Pacific Way Miramar, FI 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 ure/Registered Agent

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Signature/Incorporato

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