

P09000018264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

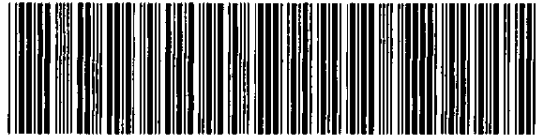
(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 FEB 25 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1600 FEB 26 2009

TRANSMITTAL LETTER

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

SUBJECT: Transfer of S Corporation from Minnesota to Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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8137⁵⁰

FROM: Patricia C. Montgomery, PhD, PT

Name (printed or typed)

13701 Lake Point Ct

Address

Port Charlotte, Florida 33953

City, State & Zip

941 766-0452.

Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE

09 FEB 25 PM 1:33

February 18, 2009

PATRICIA C. MONTROMERY PHD PT
13701 LAKE POINT CT
PORT CHARLOTTE, FL 33953

SUBJECT: THERAPEUTIC INTERVENTION PROGRAMS, INC.
Ref. Number: W09000007800

We have received your document for THERAPEUTIC INTERVENTION PROGRAMS, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 209A00005750

CERTIFICATE OF DOMESTICATION

The undersigned, Patricia C. Montgomery, PhD, PT, President,
(Name) (Title)

of Therapeutic Intervention Programs, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 13th, 1983.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Minnesota, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Therapeutic Intervention Programs, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Therapeutic Intervention Programs, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Minnesota.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Patricia Montgomery, of Therapeutic Intervention Programs, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 12 day of February, 2009.

Patricia C. Montgomery
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

FILED
2009 FEB 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
2009 FEB 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
THERAPEUTIC INTERVENTION PROGRAMS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:
13701 Lake Point Ct.
Port Charlotte, FL 33953

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
Provide continuing education seminars to health care professionals

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:
~~Zero~~ 2500 / Pcm
2/20/09

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
Patricia C. Montgomery, PhD, PT
President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
Patricia Montgomery
Therapeutic Intervention Programs, Inc
13701 Lake Point Ct
Port Charlotte, FL 33953

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:
Patricia Montgomery
Therapeutic Intervention Programs, Inc.
13701 Lake Point Ct
Port Charlotte, FL 33953

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Patricia C. Montgomery
Signature/Registered Agent

2/12/09
Date

Patricia C. Montgomery
Signature/Incorporator

2/12/09
Date