

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Spieth Occupational Therapy Inc.

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**Spieth Occupational Therapy Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**Spieth Occupational Therapy Inc.  
4520 16th Street NE  
Naples, FL 34120**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at No Par Value**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Erica L. Spieth  
4520 16th Street NE  
Naples, FL 34120**

**Prepared By:  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-635-3940**

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Erica L. Spieth - 4520 16th Street NE, Naples, FL 34120 - President/Director**  
**Guy A. Spieth - 4520 16th Street NE, Naples, FL 34120 - Treasurer/Director**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Erica L. Spieth - 4520 16th Street NE, Naples, FL 34120**  
**Guy A. Spieth - 4520 16th Street NE, Naples, FL 34120**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of August 2009

  
Erica L. Spieth - Signature

  
Guy A. Spieth - Signature

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Spieth Occupational Therapy Inc.**

2. The name and address of the registered agent and office is:

**Erica L. Spieth**  
Name  
**4520 16th Street NE**  
(P.O. Box or Mail Drop Box NOT Acceptable)  
**Naples, FL 34120**  
(City / State / Zip)

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*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

*Erica L. Spieth*  
Erica L. Spieth  
SIGNATURE

**August 24, 2009**  
(Date)

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