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CAPITAL CONNECTION

NO 8950

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Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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FLORIDA PROFIT/NON PROFIT CORPORATION

C.H.A.T. Therapy, Inc.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

C.H.A.T. THERAPY, INC.

ARTICLE I - NAME

The name of this corporation is C.H.A.T. Therapy, Inc.

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7500 shares of \$1.00 par value common stock.

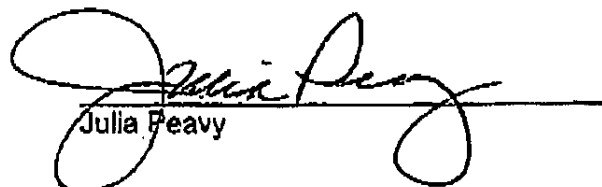
ARTICLE V - MAILING ADDRESS

The principal office of the corporation shall be 2303 Southeast Ft. King Street, Ocala, Florida, 34470, and the mailing address of the corporation is 2303 Southeast Ft. King Street, Ocala, Florida, 34470.

**ARTICLE VI - INITIAL REGISTERED AGENT -
DESIGNATION AND ACCEPTANCE**

The name and address of the initial registered agent and office of this corporation is: Julia Peavy, 162 Juniper Trail, Ocala, Florida, 34480. Julia Peavy has signed these Articles of Incorporation to indicate his acceptance and agreement to act in this capacity as contemplated by §607.0202, Florida Statutes.

I hereby accept the appointment as Registered Agent of C.H.A.T. Therapy, Inc. and agree to act in that capacity.


Julia Peavy

**ARTICLE VII - INCORPORATOR AND
INITIAL BOARD OF DIRECTOR**

The name and address of the persons signing these Articles of Incorporation is as follows:

NAME:

Julia Peavy

ADDRESS:

162 Juniper Trail
Ocala, FL 34480

The corporation shall have one director initially. The number of directors may be increased from time to time by the By-Laws, but shall never be less than one (1) and the method of election of directors shall be governed by the By-Laws. The name and address of the initial Director of this corporation is:

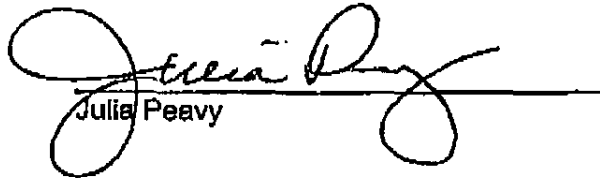
NAME:

Julia Peavy

ADDRESS:

162 Juniper Trail
Ocala, FL 34480

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 17 day of JUNE, 2010.


Julia Peavy

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Julia Peavy, who acknowledged before me that he is the person who executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, in the State and County aforesaid, this 17 day of JUNE, 2010.

Notary Public: Sign
PrintState of Florida At Large (Seal)
My Commission Expires:Personally known /

Produced Identification _____

Type of Identification Produced _____



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