

P10000061884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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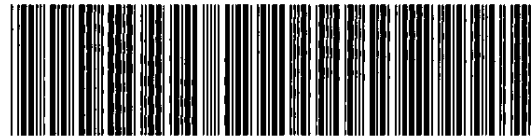
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 JUL 28 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2010
D.A. WHITE

COVER LETTER

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

SUBJECT: Therapy Solvers, 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: Julia L White
Name (Printed or typed)

5901 US 19 Suite 7A
Address

New Port Richey, FL 34653
City, State & Zip

(888) 688-1401
Daytime Telephone number

info@therapySolvers.com
E-mail address: (to be used for future annual report notification)

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

**Articles of Incorporation
For
Therapy Solvers, Inc.**

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: THERAPY SOLVERS, INC.

Article II

The principle place of business address:

5901 US HWY 19,
SUITE 7A
NEW PORT RICHEY, FLORIDA US 34652

The mailing address of the corporation is:

5901 US HWY 19,
SUITE 7A
NEW PORT RICHEY, FLORIDA US 34652

Article II

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

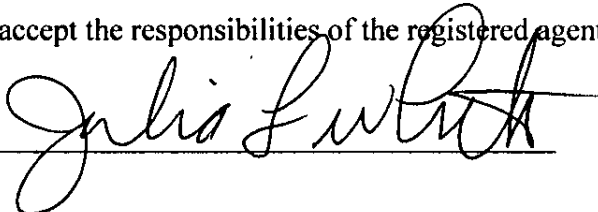
Article V

The name and Florida Street address of the registered agent is:

JULIA L. WHITE
5901 US HWY 19
SUITE 7A
NEW PORT RICHEY, FL 34652

I certify that I am familiar with and accept the responsibilities of the registered agent.

Registered Agent Signature: _____



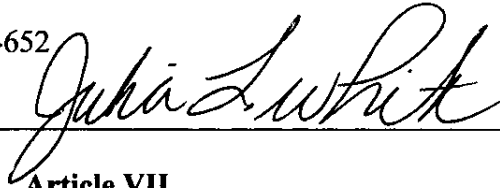
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TALLAHASSEE, FLORIDA

Article VI

The name and address of the incorporator is:

JULIA L WHITE
5901 US HWY 19
SUITE 7A
NEW PORT RICHEY, FL 34652

Incorporator Signature: _____



Article VII

The initial officer(s) and or director(s) of the corporation is/are:

Title P, D
JULIA L WHITE
5901 US HWY, 19, SUITE 7A
NEW PORT RICHEY, FL 34652 US

Title T, S
JULIA L. WHITE
5901 US HWY, 19 SUITE 7A
NEW PORT RICHEY, FL 34652 US

Title: D
ROD RENNA
9013 GLENARM WAY
WEEKI WACHEE, FL 34613 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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