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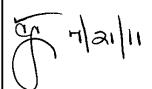


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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

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

SUBJECT: JADE OCCUPATIONAL Therapy, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
3721 SW	(Printed or typed) 19 Cour-				
(305) 505 - Daytime Te	33165 State & Zip 9842 elephone number O OO COM Tor future annual report notification)				

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



RECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

UNIVISION OF CORPORATIONS

July 5, 2011

JULIA DAVIS 3721 SW 99 COURT MIAMI, FL 33165

SUBJECT: JADE OCCUPATIONAL THERAPY, INC.

Ref. Number: W11000035608

We have received your document for JADE OCCUPATIONAL THERAPY, INC. and your check(s) totaling \$87.50. 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.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 511A00016003

OIVISION OF CORPORATION

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ARTICLES OF INCORPORATION'In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	TATION Shall be: JADE OC	cupational Th	erapy, Inc.
ARTICLE II PR	Principal street address 3721 SW 99 Court Miami FL 33165	Mailing address	s, if different is:
The purpose for which	RPOSE I the corporation is organized is: OVIDE 409 OCCUP HOME HEALTH CO	ational Thera Ire setting.	.py services
ARTICLE IV SH The number of shares of	f stock is:		
	TULIA DAYIS / President Julia Dayis / President 3721 SW 99 Court Miami, FL 33165	Name and Title:	
Name and Title:_Address:			
Name and Title: Address:		Name and Title: Address:	~ ~ ~
The <u>name and Florida</u> Name: Address:	GISTERED AGENT street address (P.O. Box NOT acceptable DAVIS 3721 SW 99 COUTT MIRMY FL 33165	e) of the registered agent is:	VISION OF CORPO
ARTICLE VII IN The name and address Name: Address:	of the Incorporator is: Julia Davis 3721 Sw 99 Court Miami, FL 33165		SIATU PATIONY 3: OF
Having been named as this certificate, I am far	registered agent to accept service of pre- niliar with and accept the appointment as Required Signature/Registered Agent	ocess for the above stated corporation registered agent and agree to act in ti	at the place designated in his capacity Date
I submit this document document to the Depart	and affirm that the facts stated herein ment of Stata constitutes a third degree for Required Signature/Incorporator	are true. I am aware that the false telony as provided for in s.817.155, F.S	Information submitted in a