

COVER LETTER

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

SUBJECT: Choose Ability, 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: Pamela J. Patton
Name (Printed or typed)
4215 N. Landar Drive
Address
Lake Worth, FL 33463
City, State & Zip
(561) 312-7827
Daytime Telephone number
pam888@ymail.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

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

ARTICLE I NAME

The name of the corporation shall be: Choose Ability, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4215 N. LANDAR DR.
Lake Worth, FL
33463

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide therapy services to individuals and groups of clients.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela J. Patton PRES Name and Title: _____
Address: 4215 N. LANDAR DR Address: _____
Lake Worth, FL _____
33463 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
_____ _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pamela J. Patton
Address: 4215 N. Landar Dr
Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Pamela J. Patton
Address: 4215 N. Landar Dr
Lake Worth, FL 33463

Having been named as registered agent 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

[Signature]
Required Signature/Registered Agent

7-27-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

7-27-11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 AUG -5 PM 2:27

