

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION THERAPY ADVANCE, INC

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLARASSEE, FLORIDA

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: THERAPY ADVANCE, INC

ARTICLE II PRINCIPAL OFFICE

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

15520 S.W. 80 ST APT B106 MIAMI, FL 33193

ARTICLE III SHARES

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

FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEONELL L.MENDEZ 15520 S.W. 80 ST APT B106 MIAMI,FL 33193

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ARTICLE V INCORPORATOR(S)

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

LEONELL L. MENDEZ 15520 S.W. 80 ST APT B106 MIAMI,FL 33193

ARTICLE VI DIRECTOR(S)

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

LEONELL L. MENDEZ (PRESIDENT & SECRETARY) 15520 S.W. 80ST APT B106 MIAMI,FL 33193

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 13 day of FEBRUARY 2012.

Signature
Signature

Signature

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1	The name of the corporation is:	THERAPY	ADVANCE, INC
1-	The name of the corporation is:	TIMMET	TITLE A STATE OF THE

The name a	nd address of the registered agent and mennez	a office is:	834
	(NAME)		-
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15520 S.W	80 ST APT B106		=
	(P.O. BOX NOT ACCEPTABLE)	22	Ċ
MIAMI,FL	33193	25° 45° C	2

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Konly

DATE 02/13/2012

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