

P95000053883

KELLY A. LEE  
ATTORNEY AT LAW

95.00 1.00

SOUTH DOW  
TRUST HEADQUARTERS  
500 NORTH GORHAM STREET, SUITE 100  
TALLAHASSEE, FLORIDA 32304  
TELEPHONE (904) 849-8888

June 22, 1995

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

30000153883  
-07/11/95--01001--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Therapeia Clinic, Inc.

Dear Sir:

In reference to the above, please find enclosed the following:

1. Articles of Incorporation of Therapeia Clinic, Inc.
2. Designation of Registered Agent.
3. Acceptance by Registered Agent.
4. Check in the amount of \$70.00 covering the following:

a. Filing Fee	\$ 35.00
b. Registered Agent Fee	\$ 35.00

Sincerely,

KLEE

Kelly A. Lee, Esquire

:KAL  
Enclosures as stated

k/therapeia.ltr

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ARTICLES OF INCORPORATION  
OF  
Therapeia Clinic, Inc.

RECORDED  
\$5.00 10 AM '64  
FILE

The undersigned subscriber, a natural person competent to contract, hereby presents these Articles of Incorporation for the formation of a corporation under the laws of the State of Florida.

ARTICLE ONE

NAME

The name of this corporation is Therapeia Clinic, Inc.

ARTICLE TWO

DURATION

The duration of this corporation shall be perpetual.

ARTICLE THREE

PURPOSE

The purpose of this corporation is the transaction of any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE FOUR

STOCK

The corporation shall have authority to issue 100 shares of common stock consisting of one class only. The stock shall have a par value of \$1.00 per share.

ARTICLE FIVE

SUBSCRIBERS

The name and street address of the subscriber of the initial issue of stock under these Articles of Incorporation is Laura J. Kersey, 7713 Jewel Lane, #204, Naples, Florida 33942.

ARTICLE SIX

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the registered office shall be Kelly A. Lee, Esquire, 501 N. Goodlette Road, Suite D100, Naples, Florida 33940. The name of the initial registered agent at such address shall be Kelly A. Lee, Esquire.

ARTICLE SEVEN

CORPORATION'S PRINCIPAL OFFICE

The corporation's principal address is 7713 Jewel Lane #204, Naples, Florida 33942.

ARTICLE EIGHT

MANAGEMENT

The corporation shall be managed by the shareholders of the corporation instead of a Board of Directors.

ARTICLE NINE

INCORPORATORS

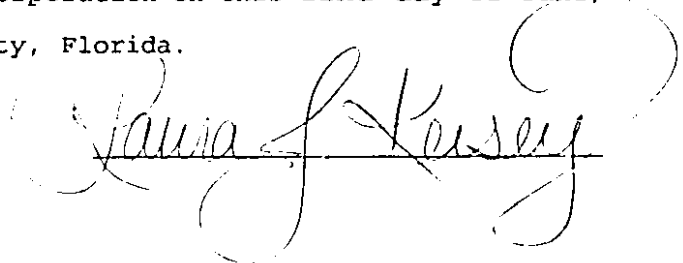
The name and address of the Incorporator is Laura Kersey, 7713 Jewel Lane #204, Naples, Florida 33942.

ARTICLE TEN

AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned has made and subscribed the foregoing Articles of Incorporation on this 22nd day of June, 1995, in Naples, Collier County, Florida.

A handwritten signature in cursive script, reading "Laura F. Kersey", is written over a horizontal line. The signature is enclosed within a large, hand-drawn circular flourish.

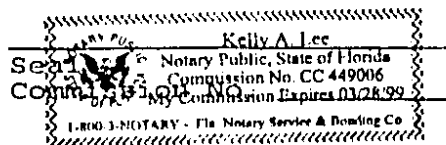
STATE OF FLORIDA  
COUNTY OF COLLIER

Before me personally appeared Laura Kersey, known to me personally or identified to me by \_\_\_\_\_ as the person described in and who executed the foregoing instrument, and acknowledge to and before me that she executed said instrument for purposes therein expressed.

WITNESS my hand and official seal, this 22 day of June, 1995.

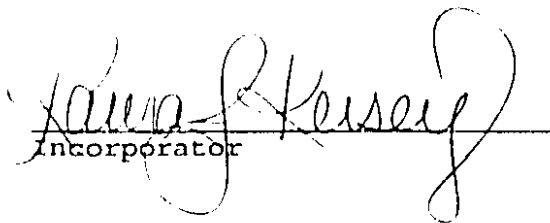
Kelly A Lee  
Notary Signature

Printed Name



DESIGNATION OF REGISTERED AGENT


Laura J. Kersey, the incorporator of Therapeia Clinic, Inc. hereby designates Kelly A. Lee, Esquire, of 501 North Goodlette Road, Suite D100, Naples, Florida 33940, to be the registered agent of Therapeia Clinic, Inc. and she, by and through this document, hereby accepts the appointment to be registered agent of Therapeia Clinic, Inc.

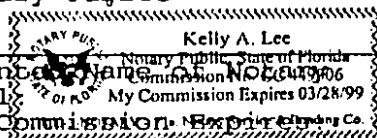
  
Incorporator

STATE OF FLORIDA

COUNTY OF COLLIER

SWORN TO and subscribed before me on this 20th day of June, 1995 by Laura J. Kersey who is personally known to me and who did take an oath.

  
Notary Public

  
Printed Name of Notary Public  
Seal of Notary Public  
My Commission Expires 03/28/99

WRITTEN ACCEPTANCE BY REGISTERED AGENT FOR

Therapela Clinic, Inc.

I HEREBY am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Kelly A. Lee  
Kelly A. Lee, Esquire

STATE OF FLORIDA

COUNTY OF COLLIER

SWORN TO and subscribed before me on this 22 day of June, 1995, by Kelly A. Lee who is personally known to me and who did take an oath.



MARYLEE MAHLSTEDT  
My Commission CC400033  
Expires Aug. 18, 1998  
Bonded by HAI  
800-422-1555

Marylee Mahlstedt  
Notary Public

MARYLEE MAHLSTEDT

Printed Name of Notary Public

Seal:

My Commission Expires:

P95000053883

Law Office of Kelly Lee  
Requestor's Name

501 Goodlette Rd., N, # D100  
Address

Naples, FL 34102  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
2 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
3 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
4 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

100002262341--6  
-08/08/97--01137--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DIVISION OF CORPORATIONS

97 MAY -1 AM 7:38

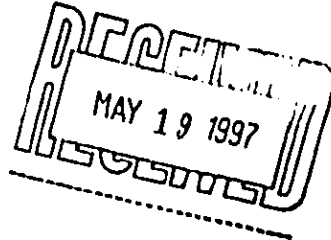
RECEIVED

Voldis

WQ AUG 8 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State



May 12, 1997

KELLY LEE  
501 GOODLETTE RD., N., #D100  
NAPLES, FL 34102

SUBJECT: THERAPEIA CLINIC, INC.  
Ref. Number: P95000053883

We have received your document for THERAPEIA CLINIC, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 697A00025197

00 3 11 8:00  
1997 MAY 19 10:00  
RECEIVED



ARTICLE OF DISSOLUTION FOR Therapeia Clinic, Inc.

FILED

1997 AUG -6 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of the corporation is Therapeia Clinic, Inc.
2. The officers of the corporation are:

Laura J. Kersey

3. The corporation is managed by the shareholders of the corporation instead of a Board of Directors.

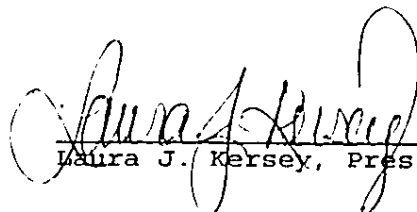
4. All debts, obligations, and liabilities of the corporation have been paid or discharged.

5. All the remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interest and no property remains for distribution to the shareholders.

6. There are no actions pending against the corporation in any Court.

7. Attached hereto and made a part hereof is a written consent of all shareholders to dissolve the corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed the foregoing Article of Dissolution on this 29 day of April, 1997, in Naples, Florida.

  
Laura J. Kersey, President

FILED  
1997 AUG 6 AM 8:07  
STATE OF FLORIDA  
COUNTY OF COLLIER

I HEREBY CERTIFY that on this day, before an officer duly authorized to administer oaths and take acknowledgments, personally appeared LAURA J. KERSEY, known to me to be the person described in

and who executed the foregoing instrument, who acknowledged before me that she executed the same, and that an oath was taken.

WITNESS my hand and official seal, this 21 day of April, 1997.

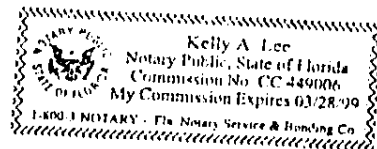
Kelly A. Lee  
Notary Signature

Printed Name

Kelly A. Lee

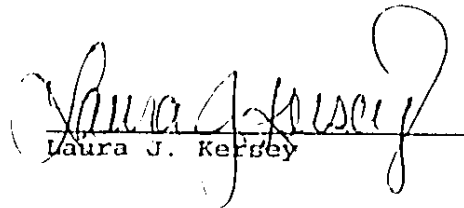
Seal:

Commission No. CC 449006



VOLUNTARY DISSOLUTION BY CONSENT  
OF SHAREHOLDERS

LAURA KERSEY, the owner of all the issued and outstanding  
Stock of Therapeia Clinic, Inc., consents to the voluntary  
dissolution of Therapeia Clinic, Inc.

  
Laura J. Kersey

STATE OF FLORIDA

COUNTY OF COLLIER

I HEREBY CERTIFY that on this day, before an officer duly  
authorized to administer oaths and take acknowledgments, personally  
appeared LAURA J. KERSEY, known to me to be the person described in  
and who executed the foregoing instrument, who acknowledged before  
me that she executed the same, and that an oath was taken.

WITNESS my hand and official seal, this 29<sup>th</sup> day of April,  
1997.

  
Notary Signature

Printed Name Kelly A. Lee  
Seal:  
Commission No. CC449006

