

# TRANSMITTAL LETTER

*9600030610*

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

800001765838  
-04/02/96--01017--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Thera Help, Inc.  
(Proposed corporate name - must include suffix)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR - 1 PM 3: 19

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Thera Help, Inc. (Scott Reiff)  
Name (printed or typed)

576 Riverside Dr.  
Address

Coral Springs, FL 33071  
City, State & Zip

954-755-0669  
Daytime Telephone number

*[Signature]*  
*4/9*

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

## ARTICLES OF INCORPORATION

*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: Thera Help, Inc.

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### ARTICLE II PRINCIPAL OFFICE

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

576 Riverside Dr,  
Coral Springs, FL 33071

### ARTICLE III SHARES

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

100 (one hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Scott Reiff  
576 Riverside Dr,  
Coral Springs, FL  
33071

**ARTICLE V INCORPORATOR(S)**

**See Instructions for officers/directors**

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

Scott Reiff  
576 Riverside Drive  
Coral Springs, FL  
33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of March, 1996.

(An additional article must be added if an effective date is requested.)

Scott Reiff  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Thera Help, Inc.

2. The name and address of the registered agent and office is:

Scott Reiff  
(NAME)

576 Riverside Dr.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS, FL. 33071  
(CITY/STATE/ZIP)

*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)

3-26-96  
(DATE)

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