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120 HAY STREET  
TALLAHASSEE, FL. 323  
904-201-0171  
904-201-0171 FAX

FILED



96 APR 11 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 914976 7106958

200001777092  
-04/11/96--01080--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

AUTHORIZATION :  
COST LIMIT : \$ PPD

ORDER DATE : April 11, 1996  
ORDER TIME : 9:48 AM  
ORDER NO. : 914976  
CUSTOMER NO: 7106858  
CUSTOMER: Ms. Faye A. Haverlock  
MS. FAYE A. HAVERLOCK  
3003 Sw 28th Street  
Okeechobee, FL 34974

DOMESTIC FILING

NAME: THEARPY IN MOTION, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS:

RECEIVED  
96 APR 11 AM 11:24  
DIVISION OF CORPORATION

HA  
4-11-96

FILED  
96 APR 11 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
  
**OF**

THERAPY IN MOTION, INC.

*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 IN MOTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

P.O. BOX 778  
OKEECHOBEE, FL 34973

**ARTICLE III SHARES**

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

ONE THOUSAND SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

DAVID JOB  
1028 SOUTHERN OAK LANE  
APOPKA, FLORIDA 32712

**ARTICLE V INCORPORATOR(S)**

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

DAVID JOB  
1028 SOUTHERN OAK LANE  
APOPKA, FLORIDA 32712

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

1ST day of APRIL, 1996

*David Job*

DAVID JOB

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED  
96 APR 11 PM 2:25  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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 IN MOTION, INC.

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

DAVID JOB

(Name)

1028 SOUTHERN OAK LANE

(P.O. Box not acceptable)

APOPKA, FLORIDA 32712

(City/State/Zip)

*Having been named as registered agent and to accept service or 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.*

David Job  
(Signature)

APRIL 1, 1996