

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Armed Therapy Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Voluntarism		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate KII		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX ( ) pgs.		

SUBTOTALS \_\_\_\_\_

FEE.....	\$ 68.00
DISBURSED.....	\$ 0.00
SURCHARGE.....	\$ 0.00
TAX on corporate supplies.....	\$ 0.00
SUBTOTAL.....	\$ 68.00
PREPAID.....	\$ 0.00
BALANCE DUE.....	\$ 68.00

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

WALK-IN  
 Will Pick Up 3:00 W

# **ARTICLES OF INCORPORATION**

Knead Therapy Inc.

THE UNDERSIGNED, acting as the Incorporator of a corporation under the CORPORATION ACT of the State of Florida adopts the following Articles of Incorporation for such Corporation.

FILED  
96 NOV 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **CORPORATE NAME**

The name of this Corporation is:

**KNEAD THERAPY INC.**

## **NATURE OF CORPORATE BUSINESS**

This Corporation is organized for the purpose of transacting any and all lawful business under the laws of the United States and of the State of Florida.

## **CAPITAL STRUCTURE**

The Corporation is authorized to issue and have outstanding at any one time an aggregate number of ONE THOUSAND (1,000) shares of stock having no par value. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

## **PREEMPTIVE RIGHTS**

Shareholders of the Corporation shall have the preemptive rights to acquire their pro rata share of the Corporation for all issues of any class of stock of the Corporation no matter when authorized, and for whatever consideration is contemplated to be received by the Corporation, including but not limited to cash, other property, services, the acquisition of other corporations' shares or property through merger or the extinguishment of debts. Preemptive rights shall apply to the reissue of all redeemed or otherwise acquired shares, including the reissue of treasury shares.

## **EXISTENCE**

This Corporation shall have perpetual existence.

#### **INITIAL BOARD OF DIRECTORS**

The number of Directors constituting the initial Board of Directors of this Corporation is one (1). The number of Directors may be either increased or decreased from time to time by an amendment of the By-Laws but shall never be less than one (1). The names of the original member of the board of Directors is/are:

**Tracy Ginna  
21234 Hazelwood Lane  
Boca Raton, Florida 33428**

#### **INCORPORATOR**

The name and address of the Incorporator executing these Articles of Incorporation is:

**Tracy Ginna  
21234 Hazelwood Lane  
Boca Raton, Florida 33428**

#### **REGISTERED AGENT AND PRINCIPAL OFFICE**

The Corporation's initial Registered Agent and Principal Office in the State of Florida are:

**RONALD LEWIS, ESQ  
THE COURTYARD  
5301 N. FEDERAL HIGHWAY  
SUITE 150  
BOCA RATON, FLORIDA 33487**

#### **AMENDMENT TO ARTICLES**


This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

Having been named Initial Agent to accept service of process on the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such appointment and consent to act in such capacity and agree to comply with all

the requirements of law pertaining thereto.

  
Signature of Registered Agent

IN WITNESS WHEREOF, I, the Incorporator have executed these Articles of Incorporation this date:

  
Signature of Incorporator

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of November, 1995  
by Tony Ginn as Incorporator who has produced a Florida Drivers License as  
identification and who did take an oath. New Jersey

My commission expires:

  
Notary Public

STATE OF FLORIDA  
COUNTY OF PALM BEACH



ILEANA PALOMINO  
My Comm Exp 11/07/99  
Bonded By Service Ins  
No. CC508702  
I Personally Known ☒ Other

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of November, 1995  
by Ronald Lewis, as the Registered Agent who is personally known to me or has produced  
\_\_\_\_\_ as identification and who did (not) take an oath.

My commission expires:


  
Notary Public

CORP\FORMS\ARTOFINC



ILEANA PALOMINO  
My Comm Exp 11/07/99  
Bonded By Service Ins  
No. CC508702  
I Personally Known ☒ Other

P96000096082



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

June 20, 1997

KNEAD THERAPY INC.  
9045 LAFONTANA BLVD  
SUITE C2  
BOCA RATON, FL 33434

SUBJECT: KNEAD THERAPY INC.  
Ref. Number: P96000096082

Debit Memo #: 74115-H

This is to inform you that check #1045 in the amount of \$165.00 submitted with the annual report for KNEAD THERAPY INC. has been returned by your bank because of ACCOUNT CLOSED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after August 20, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 397A00033095

# State of Florida



Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for KNEAD THERAPY INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of September 16, 1997 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P96000096082.

P96000096082

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Sixteenth day of September, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

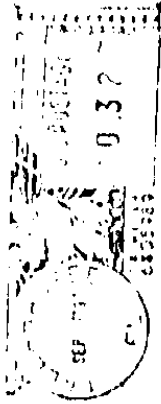
P9600096082



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State

DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

MAIL



NOV 11 1997  
U.S. POSTAGE  
10c

3460 9123H7

KNEAD THERAPY INC.  
9045 LAFONTANA BLVD.  
SUITE CZ  
BOCA RATON, FL 33434

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1997 DEBIT MEMO ANNUAL REPORT DISSOLUTION NOTICE