

# 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: Amend 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		
000002013390--6		
<input type="checkbox"/> Name Reservation	-11/26/96--01007--007	
<input type="checkbox"/> Annual Report/Reinstatement	****122.50 ****122.50	
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<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 Prep.		
<input type="checkbox"/> FAX ( ) pgs.		

SUBTOTALS \_\_\_\_\_

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	11/25		
TIME			CK No. _____
BY			

WALK-IN  
Will Pick Up 3:00 2/1

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

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, 10% per Annum.

THANK YOU  
from  
Your Capital Connection

# **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

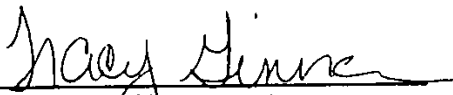
This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

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

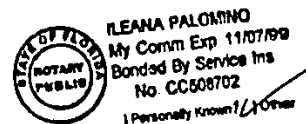
STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of November, 1995  
by Trey 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



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

