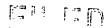
P9700000059596

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

SUBJECT:	Thera Place , Inc.			
	(Proposed	d corporate name - must includ	le suffix) 60000223 -07/07/97- *****78.7	
		<i>,</i>	<i>********</i> (℃。(3 *******10.1
Enclosed is an original a	and one(1) copy of the arti	cles 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	ي ي
		ADDITIONAL COPY REQUIRED		
FROM: _	Scott Name	4. Sanford e (Printed or typed)	•	-7 FILIO: 1-1
_	3801 A	idgewood Drive Address	<u> </u>	50 E
_	Palm Bench	Gardens, FL 3 ity, State & Zip	33403	
-	<u> </u>	75-3869 ne Telephone number		
		. 0/2		

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



ARTICLES OF INCORPORATION

97 JUL -7 AM 10: 41

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Thera Place Inc.

ARTICLE II PRINCIPAL OFFICE

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

3801 Ridgemoul Drive Palm Beach Gardens, FL 33403

ARTICLE III SHARES

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

500

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Scott A. Sanford, 3801 Ridgewood Drive P.B.G., FL 33403

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Scott A. Sanford, 3501 Ridgerold Drive P.B.b., FC 33403

Signature/Incorporator 000 7-/- 97 Date

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

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/Registered Agent