

TRANSMITTAL LETTER

P99000017782

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

SUBJECT:

OPTIMUM THERAPY, INC.

(Proposed corporate name - must include suffix)

7000002773337--0
-02/11/99--01084--001
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

LIHAN PAGKALWANGAN

Name (Printed or typed)

515 N SOCRUM LOOP RD, SUITE 139

Address

LAKELAND, FL 33809

City, State & Zip

(941) 859-9708

Daytime Telephone number

FILED
99 FEB 22 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

F. CHESSEN

FEB 24 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 1999

LILIAN PAGKALIWANGAN
5115 N SOCRUM LOOP RD STE 139
LAKELAND, FL 33809

SUBJECT: OPTIMUM THERAPY, INC
Ref. Number: W99000003678

FILED
99 FEB 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OPTIMUM THERAPY, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 999A00006410

**ARTICLES OF INCORPORATION
OF
OPTIMUM THERAPY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I

The name of the corporation is Optimum Therapy, Inc.

II

The street address of the initial registered office of the corporation is 3885 South Florida Avenue Lakeland, Florida 33813 and the initial registered agent of the corporation at such is Lilian J. Pagkaliwangan.

III

The number of shares the corporation is authorized to issue is Five-hundred.

IV

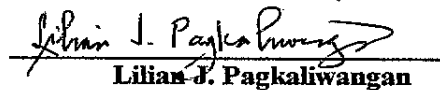
The name and address of the incorporator is Lilian J. Pagkaliwangan, 3885 South Florida Avenue Lakeland, Florida 33813.

V

The mailing address of the initial principal office of the corporation is 3885 South Florida Avenue Lakeland, Florida 33813.

IN WITNESS WHEREOF, undersigned has executed these articles of Incorporation.

This 18th day of February 1999.


Lilian J. Pagkaliwangan

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

Pursuant to the provisions of sections 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: OPTIMUM THERAPY, INC.

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

LILIAN J. PAGKALIWANGAN

(Name)

3885 S. Florida Ave

(P.O. Box NOT acceptable)

LAKELAND, FLORIDA 33813

(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

Lilian J. Pagkaliwangan

DATE

2/18 '99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314