POODS 4533

Department of S	tate
Division of Corp	orations
P. O. Box 6327	
Tallahassee, FL	32314

3**00002903503--4** -06/14/99--01101--005 ******78.75 ******78.75

SUBJECT:	Theraplan (Proposed corpor	ate name - must include suf	fix)
•			
Enclosed is an origina	l and one(1) copy of the articles	s 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
		ADDITIONAL CO	PY REQUIRED
FROM:	Deborah S Name (Pr	abra rinted or typed)	
		velt St. Address	
	Hollywood, City,	FL 33601 State & Zip	99 JUN 14 SECRETARIAS
			ν _ν_ Σ

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

Daytime Telephone number

ARTÍCLES OF INCORPORATION

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

<u>ARTICLE</u> I

The name of the corporation shall be:

Theraplay, Inc.



PRINCIPAL OFFICE

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

Roosevelt Street Hollywood, FC 33021

<u>ARTICLE III</u> SHARES

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

1,000 shares at \$1 par value per share

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Richard B, Sabra 1946 Tyler Street

Hollywood FL 33022-2088

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Deborah L. Sabra 5417 Roosevelt St.

H. Sherwood

9931 N.W. 5th PL. Plantation FL 33324

Hollywood FL 33021

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, thereby 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