TRANSMITTAL LETTER

9 000/08 8 5 3

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

SUBJECT:	FEARNLEY.	PHYSICAL roposed corporate name -	THERAPY must include suffix)	INC.
Enclosed is an o	riginal and one(1) copy o	of the articles of incorpo	郑 淶	03 07144 2/15/99-0107 ***70.00 ***
☑ \$70.0 Filing Fe	+· • · · •		Fee Filin ified Copy Certi	g Fee, ified Copy ertificate of is
FRO	M: <u>GORDON</u> 5991 N	FEARNL Name (Printed or type W 444 A Address	-EY d) -v-e	

DEC 1 7 1999 F. CHROSE

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

ARTICLES 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>AR</u> T	ICL	E I	NAME

The name of the corporation shall be: Fearnley Physical Therapy Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5991 North West 4th Ave

Boca Raton, Florida 33487

ARTICLE III SHARES

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

Total of 100 - 50 shares for Gordon Fearnley 50 shares for Kathy Fearnley

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gordon Fearnley 5991 North West 4th Ave Boca Raton, Florida 33487

ARTICLE V INCORPORATOR

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

Gordon Fearnley 5991 North West 4th Ave Boca Raton, Florida 33487

Signature/Incorporator

12/9/99 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

12/9/99

Date