CERTIFICATE OF INCORPORATOR(S) & APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR A PROFESSIONAL CORPORATION

The undersigned, being the incorporators of _____, a professional corporation about to be incorporated under the laws of North Carolina for the purpose of providing occupational therapy services, hereby certify to the North Carolina Board of Occupational Therapy that:

1. The incorporators, and all persons who, to the best of our knowledge and belief, will be employed by said corporation to practice occupational therapy for said corporation, are duly licensed to practice occupational therapy in North Carolina as an occupational therapist or occupational therapy assistant, with their names, addresses, and license numbers being:

NAME: _____ LICENSE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

NAME: _____LICENSE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

NAME: _____LICENSE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

2. To the best of our knowledge and belief, no disciplinary action is pending, or has been taken in any jurisdiction against any of the person(s) listed above.
3. We represent that the corporation will be conducted in compliance with the Professional Corporation Act and with the Rules of the North Carolina Board of Occupational Therapy.
4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Incorporation are filed with the Secretary of State. Attached hereto is a $50.00 check for the registration fee.

_____
Incorporator

_____
Incorporator

_____
Incorporator

CORP. FORM #01
Rev. 1/10

NORTH CAROLINA

_____**COUNTY**

I HEREBY CERTIFY THAT_____,

_____ and _____ being the

incorporators of_____ appeared before me

this day and stated that they have read the foregoing Certificate of Incorporators and Application

for Certificate of Registration and that the statements contained herein are true.

Witness my hand and seal, this _____day of _____, 20____.

Notary Public: _____

My Commission expires: _____

(SEAL)