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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**BODY THERAPY REHABILITATION INC.**

Certificate of Status	0
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ARTICLE OF INCORPORATION

OF

BODY THERAPY REHABILITATION INC.

The undersigned incorporator(s); for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BODY THERAPY REHABILITATION INC.

The principal place of business of this corporation shall be:  
85 GRAN CANAL DR.  
MIAMI, FL. 33174

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MAYRA CRESPO	DIRECTOR
9058 GRAN CANAL DR.	
MIAMI, FLORIDA 33174	

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MAYRA CRESPO	PRESIDENT, SECRETARY & TREASURER
9058 GRAN CANAL DR.	100 shares
MIAMI, FLORIDA 33174	

The undersigned has(have) executed these Article of Incorporation this 27 th. day of MAY, 2003.

X  \_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
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: \_\_\_\_\_

\_\_\_\_\_ BODY THERAPY REHABILITATION INC. \_\_\_\_\_

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

is \_\_\_\_\_ MAYRA CRESPO \_\_\_\_\_

(Name)

\_\_\_\_\_ 9058 GRAN CANAL DR. \_\_\_\_\_

(P. O. BOX NOT ACCEPTABLE)

\_\_\_\_\_ MIAMI, FLORIDA 33174 \_\_\_\_\_

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 05-27-2003 \_\_\_\_\_

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