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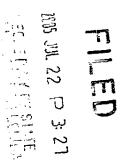
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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

SUBJECT:	DEK Rehab =	Lnc. rename- <u>mustincu</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Diane Peters	(Printed or typed)	
	13950 S.W. 9		<u>-</u>
	Miami, Florido	2 33186 State & Zip	
	786 - 512 - 4 Daytime T	1793 elephone number	····

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: DEK Rehab Inc. ARTICLE II PRINCIPAL OFFICE
ARTICLE I NAME
The name of the corporation shall be:
D& K Rehab Inc.
The principal place of business/mailing address is:
13950 S.W. 90 Terrace Miami, FL. 33186
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Speech Pathology services (evaluations and treatments)
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
President: Kenneth M. Peters Vice President: Diane Peters
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Diana Reters 13950 S.W. 90 Terrace Miami, FL. 33186
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Diane Peters 13950 S.W. 90 Terrace
Miami, FL. 33186
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Lam familiar with and accept the appointment as registered agent and agree to act in this capacity
1 de teur -7/19/05
Signature/Registered Agent Date
Signature/Incorporator 7 19 05 Date
Diane Peters