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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

03 FEB 18 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA PROFTT CORPORATION OR P.A.**

med-rehad corp

Certificate of Status	0
Certified Copy	1
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2/18/03  
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ARTICLE OF INCORPORATION

OF

MED-REHAD CORP

RECEIVED  
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TALLAHASSEE FLORIDA

ARTICLE I

NAME: THE NAME OF THIS CORPORATION IS: MED-REHAD CORP.

ARTICLE II

NATURE OF BUSINESS: TO ENGAGE IN EVERY ASPECT AND PHASE OF ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

CAPITAL STOCK: THE MAXIMUM NUMBER OF SHARES OF STOCKS THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS FIVE HUNDRED(500) SHARES OF COMMON STOCK, EACH WITH A NOMINAL PAR VALUE OF ONE(\$1.00) DOLLAR PER SHARE PREEMPTIVE RIGHTS TO SUCH SHARES ARE GRANTED TO THE SHAREHOLDER OF THIS CORPORATION.

LINA PORTUONDO 50% OF SHARES AND GERALDO GONZALEZ 50 % OF SHARES

ARTICLE IV

INITIAL CAPITAL: THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN IS NOT LESS THAN FIVE HUNDRED(\$500.00) DOLLARS.

ARTICLE V

TERM OF EXISTENCE: THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO THE LAW OF THE STATE OF FLORIDA.

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## ARTICLE VI

DIRECTORS: THE CORPORATION SHALL HAVE TWO (2) DIRECTOR INITIALLY  
THE NUMBER OF DIRECTORS MAY INCREASED FROM TIME TO TIME BY INITIAL  
DIRECTOR.

THE NAME AND POST OFFICE ADDRESS OF THE FIRST BOARD OF DIRECTOR IS:

LINA PORTUONDO  
16535 SW 97 ST.  
MIAMI, FLA. 33196  
SECRETARY, TREASURER

GERALDO GONZALEZ  
4125 SW 98 AV.  
MIAMI, FLA. 33165  
PRESIDENT

## ARTICLE VII

SUBSCRIBER; THE NAME AND POST OFFICE ADDRESS OF THE SUBSCRIBER TO THESE  
ARTICLES OF INCORPORATION IS:

LINA PORTUONDO  
16535 SW 97 ST  
MIAMI, FLA. 33196

## ARTICLE VIII

THE PRINCIPAL OFFICE AND MAILING ADDRESS OF THE CORPORATION WILL BE:

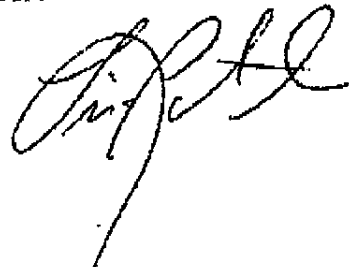
16535 SW 97 ST  
MIAMI, FLA. 33197

## ARTICLE IX

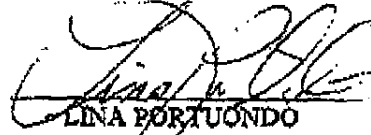
THE REGISTERED AGENT OF THIS CORPORATION IS:

LINA PORTUONDO  
16535 SW 97 ST  
MIAMI, FLA. 33197

## ARTICLE X




THE NAME AND ADDRESS OF THE INCORPORATOR IS : LINA PORTUONDO  
16535 SW 97 ST. MIAMI, FLA. 33197

  
LINA PORTUONDO


## ARTICLE XI

THE DISTRIBUTION OF THE VOTING SHARES SHALL BE AS FOLLOWS:  
GERALDO GONZALEZAS PRESIDENT, 50 % OF SHARES LINA PORTUONDO SECRETARY  
AND TREASURED 50% OF SHARES

  
LINA PORTUONDO

## ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED HEREBY ACCEPTS HIS DESIGNATION AS REGISTERED AGENT  
FOR: MED-REHAD CORP.

  
LINA PORTUONDO

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

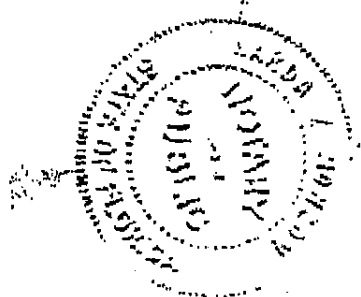
SS.

COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC, PERSONALLY APPEARED  
LINA PORTUONDO WHO IS PERSONALLY KNOWN TO ME OR WHO PRODUCED

Driver's Lic AS IDENTIFICATION AND WHO DID (DID NOT) TAKE  
OATH, AND WHO AS REGISTERED AGENT EXECUTED THE FOREGOING ACCEPTANCE  
OF REGISTERED AGENT.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY  
HAND AND MY OFFICIAL SEAL IN THE STATE AND COUNTY AFORESAID, THIS 18  
DAY OF FEB., 2003



[Signature]  
NOTARY PUBLIC

Narda Monzon  
PRINT NAME

My commission EXP.  
July 28 2003.

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