TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

FE NIANAGEMENT (Proposed corpor	TEHABILI 7	ATION, INC.	<u>. </u>
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☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 PSE Filing Fee. ASE Certified Copy & Certificate of Status	APPROV FILED 00 FEB -9 AI
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ARTICLES OF INCORPORATION

OF

LIFE MANAGEMENT REHABILITATION, INC.

(A NON-PROFIT CORPORATION)

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a non-profit Corporation under Chapter 617 of the Florida Statutes

ARTICLE I. NAME

The name of this corporation is LIFE MANAGEMENT REHABILITATION, INC.

ARTICLE II. DURATION

This corporation shall begin its existence on the quantum day of February, 2000.

ARTICLE III. PURPOSE

This non-profit corporation is organized for providing vocational rehabilitation programs for persons with disabilities, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 945 Candlelight Blvd., Brooksville, Florida 34601, and the name of the initial registered agent of this corporation is **PETER J. DARBY**,

ARTICLE V. PRINCIPAL OFFICE

The address of the principal office is 945 Candlelight Blvd., Brooksville, Florida 34601.

The preferred mailing address is same.

FILED

APPROVED.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors, initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one

(1). The name(s) and address(es) of the initial director(s) of this corporation is(are): Directors shall be elected according to the by-laws.

NAME

ADDRESS

PETER J. DARBY

945 Candlelight Blvd. Brooksville, FL 34601

GEORGE R. WILKES

1003 Lee Lane

Leesburg, FL 34748

CONNIE CALUB

16047 Psenka Street Brooksville, FL 34609

ARTICLE VII. INCORPORATOR

The name and address of the person(s) signing these Articles of Incorporation is(are):

NAME.

ADDRESS

PETER J. DARBY,

945 Candelight Blvd. Brooksville, FL 34601

ARTICLE VIII. INDEMNIFICATION

The corporation shall indemnify any officer, director, agent or employee or any former officer, director, agent or employee to the full extent permitted by law.

ARTICLE IX. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber(s) has(have) executed these Articles
of Incorporation this 9th day of FEB, , 2000.
Peter J. Dar by
PETER J. DARBY/a/k/a JOHN DARBY

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: LIFE MANAGEMENT REHABILITATION, INC.
- 2. The name and address of the registered agent and office is:

PETER J. DARBY,

945 Candlelight Blvd.
Brooksville, FL 34601

SIGNATURE

(Corporate Officer)

TITLE

PRESIDENT

DATE

9-7-1/- 1000

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

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