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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

STAR REHABILITATION CENTRE, INC.

Certificate of Status	0
Certified Copy	1
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B. McKnight MAR 30 2000

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ARTICLES OF INCORPORATION
OF
STAR REHABILITATION CENTER, INC.

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

ARTICLE I NAME

The Name of the corporation shall be:

STAR REHABILITATION CENTER, INC.

The principal place of business of this corporation shall be:

3780 S.W. 1st Street
Miami, FL 33134

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

Aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is one hundred shares (100) at \$5.00 par value>

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

DIRECTOR/PRESIDENT Adolfin Trabazo
3780 S.W. 1st Street
Miami, FL 33134

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Adolfin Trabazo
3780 S.W. 1st Street
Miami, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed the Articles of Incorporation this 28th day of March, 2,000.

signature of incorporator(s)



ADOLFINA TRABAZO

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation:

STAR REHABILITATION CENTER, INC.

The name and address of the registered agent and office is:

Adolfina Trabazo
3780 S.W. 1st Street
Miami, FL 33134

SIGNATURE: *af*

TITLE: PRESIDENT

DATE: 3/28/2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: *af*

DATE: 3/28/2000

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