LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address)	OO JUL 2
MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	OFFICE USE ONLY
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
1. ONSOLIDAED 1. Corporation Name) 2. (Corporation Name)	BER(S) (if known): HERA PY SERV, TNC. (Document #)
3. (Corporation Name)	(Document #)
Walk in Pick up time 2.00 Mail out Will wait Photocopy	(Document #) Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication Other Amendment Resignation of Change of Regis Dissolution/With	IENTS R.A., Officer/Director stered Agent
Annual Repolit Fictitious Name Name Reservation Reinstatement Trademark Other	******78.75 ******78.75

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

CONSOLIDATED THERAP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

920 A" sw 82 Aven., migmi Fla 33/44

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Zaimar BECKIS BOZA. 920°A" SW 83 Aven. MIAMI FLA 33144

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of
Incorporation is(are):
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Zaimar. Belkis Boza.
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970 A See Of Aver, manning
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Signature Signature
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/ Signature .
ARTICLE VI- DIRECTOR(S)
the state of the state of
The name(s) and street address(es) of the director(s) to these Articles of
Incornoration is (are):
D 11.4 B020
LOIMAR DEIKIS 10009
president: Zaimar Belkis 13029
Lee President: Raul Boza.
iel tresident: ICau South
(920HSce) 82 Aven. migmi Fla 33144
(m) 1/2 1/20 1/20 m/20/ F/g 33/44
(920HOCE & AURI). MIGMINI
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE
CERTIFICATE OF DESIGNATION OF A STATE OF A S
Having been named as Registered Agent and to accept service of process for the
agree to comply with the provisions of an statute with and accept the
complete nortermance of my quiles, und full full full
obligations of my position as Registered Agent.
160 MAN YOUR
_1'XUMUUI LUAL
Registered Agent
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