

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P00000071887

Cognitive Rehabilitative  
Associates of South  
Florida, Inc

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-07/28/00--01001--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☐ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

FILED  
00 JUL 27 PM 3:45  
TALLAHASSEE FL 32301  
RECEIVED  
00 JUL 27 PM 3:24  
DIVISION OF CORPORATION  
T. Burch JUL 27 2000

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00 JUL 27 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

## OF

### Cognitive Rehabilitative Associates of South Florida, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is **Cognitive Rehabilitative Associates of South Florida, Inc.**

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **3050 Biscayne Boulevard, Suite 908, Miami, FL 33137.**

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Jeff Cynamon, Esquire, Law Offices of Jeff P. Cynamon, P.A., 757-41st Street, Miami Beach, FL 33140.**

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is

**Brian Mogosky, Ph.D.**

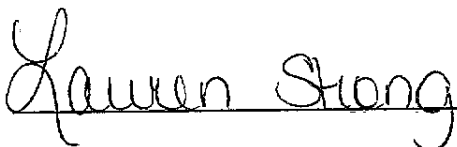
**Arlene Huysman, Ph.D.**

**James Huysman**

**3050 Biscayne Boulevard, Suite 908, Miami, FL 33137.**

The undersigned has executed these Articles of Incorporation this 27th day of July, 2000.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

A handwritten signature in cursive script, reading "Lauren Strong", is written over a horizontal line.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: \_\_\_\_\_

Cognitive Rehabilitative Associates of South Florida, Inc.

2. The name and street address of the registered agent and office is: JEFF CYNAMON, ESQUIRE

LAW OFFICES OF JEFF P. CYNAMON, P.A.

757-41st Street, Miami Beach, FL 33140

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.

