

TRANSMITTAL LETTER

P00000104841

Department of State
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

SUBJECT:

Worldwide Care and Therapy Corp.
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
 Filing Fee

☐ \$78.75
 Filing Fee
 & Certificate of Status

☒ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM:

Anai Sanchez

Name (Printed or typed)

13515 SW 23 ST

Address

Miami, FL 33175

City, State & Zip

(305) 223-5911

Daytime Telephone number

500003453335--1-
 -11/06/00--01095--019
 *****78.75 *****78.75

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NOTE: Please provide the original and one copy of the articles.

gj 11/8

ARTICLES OF INCORPORATION

OF

WORLDWIDE CARE AND THERAPY, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:
WORLDWIDE CARE AND THERAPY, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida and shall have perpetual existence.

ARTICLE III

The principle place of business and mailing address of this corporation shall be:

13254 SW 8 Street
Miami, Florida 33184

ARTICLE IV

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to provide rehabilitative and therapeutic services as a:
Comprehensive Outpatient Rehabilitation Facility.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1000 shares

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only (1) class of stock of this corporation.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

**Idalmis Del Rosario Avila
13254 SW 8 Street
Miami, Florida 33184**

ARTICLE VII

The initial board of directors shall consist of a total of person(s) and the name and address of the person(s) who is to serve as an initial director(s) is:

**Idalmis Del Rosario Avila
13254 SW 8 Street
Miami, Florida 33184
Director/President**

**Anai Sanchez
13254 SW 8 Street
Miami, Florida 33184
Director/Vice President**

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

**Anai Sanchez
13254 SW 8 Street
Miami, Florida 33184**

The undersigned has executed these Articles of Incorporation this 2nd day of November, 2000.


Incorporator

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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 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.

First that Worldwide Care and Therapy, Corp.

(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA

(Florida)

with its principal office, as indicated in the articles of

incorporation has named Idalmis Del Rosario Avila

(Name of Registered Agent)

located at Miami, County of Dade

(City)

(County)

State of Florida, as its agent to accept service of process within this state.

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

Idalmis Del Rosario Avila

Registered Agent