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LAZARUS CORPORATE FILING SERVICE (Requestor's Name)	
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	0034643519 -11/15/0001039022 *****78.75 *****78.75
(City, State, Zip) (Phone #)	100,00
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
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2. (Corporation Name) (Document #)	
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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:

Gold Hands Rehabilitation Center, Corp.

ARTICLE II - PRINCIPAL OFFICE

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

1211 S.W. 14 Quenue Miami Plorida 33135

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alberto E. Torte 1211 S.W. 14 ave Miami Florida 33135

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is: 2 6.W. 4 Quenue Miami Florida 33/35 The undersigned incorporator has executed these Articles of incorporation this day of
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of incorporation is (are): Alberto E. Forte, President. 1211 5.W. 14 Jul Miami FL 33/35
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of proces; for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent. Registered Agent Signature