# OFFICE USE ONLY (Document #)

EXPRES	S CORPO	RATE F	LING	SERVICE :	<u>IN</u> C
	(Requestor'	s Name)			
3940 ¥	V.FLAGLE	R ST.	2nd	FLOOR	
	(Addre	ss)			
MIAMI	FLORID	A 3313	4 (30	5)444-4994	4
	(City, Stat	e. Zip)	(Phone	#}	

OFFICE USE ONLY

Muale 99 (Corporation Name)	roup Rehabilitation	Center V
(Corporation Name)	(Document #)	
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Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy Certificate of Sta	SECRETATION OF TALLAHA
, NEW FILINGS	AMENDMENTS	ASSV T
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	PHI2: 29 FLORIDA
Limited Liability	Change of Registered Agent	29 DA
Domestication	Dissolution/Withdrawal	_
	Merger	

	OTHER FILINGS
T T	Annual Report
	Fictitious Name
	Name Reservation
Katara Pari	

CR2E031(9/92)

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

600003482876--8 -12/01/00--01031--008 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

T. SMITH DEC 0 1 2000

Examiner's Initials

# ARTICLES OF INCORPORATION

MIRACLE GROUP REHABILITATION CENTER, INC.

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 | NAME

The name of the corporation shall be: Miracle Group Rehabilitation Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

8332 SW 8 Street Miami, Fl. 33144

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundreds (500) common shares at par vale of Five dollars (\$5.00) each.

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ئنہ

Manuel Lopez 2730 SW 34 Avenue Miami, Fl. 33133

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lita Del Real 8332 SW 8 Street Miami, Fl. 33144

## ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Lita Del Real 8332 SW 8 Street Miami, Fl. 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_29th \_\_\_\_\_\_ day of \_\_November \_\_\_\_\_\_ XXX \_\_2,000

Signature

Signature

Articles of Incorpóration Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name CENTER,	of the corporation is: MIRACLE GROUP REHA	ABILITAT	ON	
The name	and address of the registered agent and offi	ce is:		
	Manuel Lopez	TAS	0	
	(NAME)	52		
ı	2730 SW 34 Avenue	HAN THE	0	22/15
:	(P.O. BOX <u>NOT ACCEPTABLE)</u>	PA-X	~	
	Miami, Fl. 33133	FLO FLO	H 12:	- T
	(CITY/STATE/ZIP)	5 7	.62	,

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 Manufife

DATE November 29th. 2,000

REGISTERED AGENT FILING FEE: \$35.00