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CORPORATION NAME(s) & DO	CUMENT NUMBER(s)	(if known):	<u> </u>
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NEW FILINGS	AMENDMENTS		ALLUS PARTIES
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		23
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OTHER FUNGS	REGISTRATION/ QUALIFICATION	00000	03 5675008 /23/0101025015
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Fictitious Name	Limited Partnership	2	
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Other

Examiner's Initials

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:

THE POWER OF REHABILITATION INC.



ARTICLE II - PRINCIPAL OFFICE

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

6741 coral way suite # 42 Miami F1 33155

<u>ARTICLE III -SHARES</u>

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

500 SHAREAS AT \$ 1.00EACH

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IBRAHIM SANTOS

6741 CORAL WAY SUITE # 42
miami fl. 33155

ARTICLE V - INCORPORATOR

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

IBRAHIM SANTOS
6741 CORAL WAY SUITE: 42
Miami, Fl 33155

The undersigned incorporator has executed these Articles of Incorporation this 01 day of 04 2001

Signature

ARTICLE VI- DIRECTOR(S)

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

IBRAHIM SANTOS PRESIDENT/Secretary
6741 coral way suite: 42
Wiami F1 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process 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