POLOWS 3765

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

| SUBJECT: | (PROPOSED CORPORA) | Kids Kehab TENAME- <u>MUST INCLI</u> | エ _ル 、。 DE SUFFIX) | _ | |
|---|-----------------------|--|--|-------------------------------|--|
| | | 70 | -04/03/01 -04/03/0101 *****78.75 | 4375 1071018 *****78.75 | |
| 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 & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: Solis Name (Printed or typed) | | | | | |
| | 8256 N.W. | 195 Terra | , AH CKE | FILI 01 APR -9 | |
| | Main, Flox City, S | State & Zip 3301 | ASSEE, FI | , III . | |
| | Daytime Te | 829 -6211 | ORIDA | MII: 54 | |

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

4/13/01

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | FILED |
|---|--|
| ARTICLE I NAME | 01 APR -9 AM 11: 54 |
| The name of the corporation shall be: | |
| All-Stax Kids Rehab, Inc. | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: All - Stace | Kids Rehab |
| P.O. Box 1 | 72765 |
| Hialeah, F | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 7. LE |
| to provide medical rehabilitation | services to children |
| ARTICLE IV SHARES The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s) and address(es): | <u>u</u> |
| | |
| | |
| • | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| Jose Solis | |
| 8256 N.W. 195 Texcace | |
| Mari, FL 33015 | • |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | - · · · · · · · · · · · · · · · · · · · |
| Jose Solis | en e |
| 8256 N.W. 195 Texace | |
| Marie, FL 33015 | |
| ******************************** | *********** |
| Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agent and agent and agent are services. | ated corporation at the place designated in this ree to act in this capacity |
| 1. | 1.0 |
| Signature/Registered Agent | Date Date |
| Lose Dis | April 5 2001 |
| Signature/Incorporator | Date |
| | |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)