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Florida Department of State  
Division of Corporations  
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To:  
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From:  
Account Name : AL CLARK  
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Phone : (727)398-6011  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Ocean Rehabilitation, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607/617.0501 and or Chapter 621,F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:  
Ocean Rehabilitation, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
149 Sweet Bay Circle  
Jupiter, Fl. 33458

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
FOR PROFIT

## ARTICLE IV SHARES

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

1000 SHARES

NO PAR

## ARTICLE V INITIAL OFFICER(S) DIRECTOR(S) OPTIONAL

The name (s) and address (s) is/are :

Nancy Shields (D, Pres.)  
149 Sweet Bay Circle  
Jupiter, Fl . 33458

## ARTICLE VI REGISTERED AGENT

The name and Florida address of the registered agent is:

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE, FL. 33777

## ARTICLE VII INCORPORATOR(S)

The name(s) and address(s) of the incorporator(s) is/are :

Nancy Shields  
149 Sweet Bay Circle  
Jupiter, Fl. 33458

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Al Clark

Signature/Registered Agent

04-25-02

DATE

Nancy Shields

Signature/Incorporator

4/25/02

DATE

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