

DEC. 10. 2002 10:05AM

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : BEST MEDICAL REHABILITATION, INC.  
Account Number : I19990000019  
Phone : (305) 345-7448  
Fax Number : (305) 644-7748

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

Carribean Living Well Inc.

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

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H0-000-53603

## ***Articles of Incorporation***

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### **ARTICLE I NAME**

The name of the corporation shall be:  
Carribean Living Well Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

11720 S.W. 183rd Street  
Miami, Florida 33177

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

### **ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Mayra Arguelles  
9871 Dominican Drive  
Miami, Florida 33189

### **ARTICLE V INCORPORATOR**

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

Mayra Arguelles  
9871 Dominican Drive  
Miami, Florida 33189

### **ARTICLE VI OFFICERS AND DIRECTORS**

Mayra Arguelles -DP  
9871 Dominican Drive  
Miami, Florida 33189

Raul G. Gonzalez - DVP  
11317 N.W. 1st Street  
Miami, Florida 33172

X Mayra Arguelles  
Signature/Incorporator

11/26/02  
Date

( An additional article must be added if an effective date is requested. )

*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.*

X Mayra Arguelles  
Signature/Registered Agent

11/06/02  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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