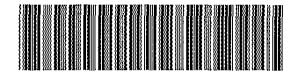
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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State Divison of Corporation P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: BROWNWELL REALTY REHABILITATION & INVESTMENT, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: [X] \$78.75 Filing Fee & Certificate of Status

FROM: MONIQUE D. BROWN

P.O. BOX 9327 RIVIERA BEACH, FL. 33419 561-352-6837





ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby hadopts: 22 the following Articles of Incorporation.

FALLAHASSEE FLORIDA

ARTICLE I NAME

The name of corporation shall be:

BROWNWELL REALTY REHABILITATION & INVESTMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

809 W. 4TH STREET RIVIERA BEACH, FL 33404 - PHYSICAL ADDRESS

PO BOX 9327
RIVIERA BEACH, FL 33419 - MAILING ADDRESS

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sandrinea Taylor-Jones 3308 Avenue S Riviera Beach, FL 33404

ARTICLE V INCORPORATOR

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

Monique D. Brown - President

P.O. Box 9327

Riviera Beach, FL 33419

Signature/Incomporator

Jec 20, 2002

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the cobligations of my positions as registered agent

Signature/Registered Agent

Date