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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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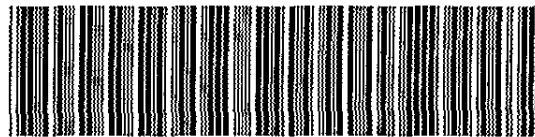
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. J. D.

TRANSMITTAL LETTER

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

SUBJECT: My Family Rehabilitation Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dagoberto Vega
Name (Printed or typed)

1401 NE 17th Ct. #111
Address

Ft. Lauderdale, FL 33305
City, State & Zip

954-600-6157
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida Business Corporation act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be: My Family Rehabilitation Group, Inc.

ARTICLE II

This corporation shall commence existing upon the filing of the Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate name;
- (3) Any legal Business in the State of Florida.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Dagoberto Vega
1401 NE 17th Ct. # 111
Ft. Lauderdale, FL 33305

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as initial directors is:

NAME

ADDRESS

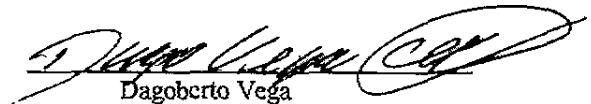
Dagoberto Vega

1401 NE 17th Ct. # 111
Ft. Lauderdale, FL 33305

ARTICLE VII

The name and address of the incorporator is: Dagoberto Vega, 1401 NE 17th Ct. # 111, Ft. Lauderdale, FL 33305.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 3rd day of February 2003.


Dagoberto Vega

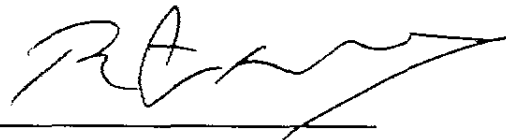
STATE OF FLORIDA }
COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Dagoberto Vega known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledge before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 03 Day of FEBRUARY, 2003.

Notary Public, State of Florida At Large





RAUL ALBA
NOTARY PUBLIC, STATE OF FLORIDA
COUNTY OF DADE

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHICH PROCESS MAY BE SERVED IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES.
THE FOLLOWING IS SUBMITTED:

MY FAMILY REHABILITATION GROUP, INC.

DESIRING TO ORGANIZE OR QUALIFY THE LAWS OF THE STATE OF FLORIDA, WITH IT'S PRINCIPAL PLACE OF BUSINESS 1401 NE 17th COURT SUITE 111 FT. LAUDERDALE, FL 3305, COUNTY BROWARD, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

DAGOBERTO VEGA
CORPORATE OFFICER

PRESIDENT
TITLE

02/03/03
DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSABILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY WITH THE PROVISIONS OF ALL STATUTES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

DATE

[Signature]
02/03/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA