# P04000039/94

| (Rec                                    | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Address)                               |                   |           |  |  |
|   | //State/Zip/Phone | #)        |  |  |
| Płck-up                                 | WAIT              | MAIL      |  |  |
| (Business Entity Name)                  |                   |           |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | Certificates      | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
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04 NAR -3 PH 12: 48
DIVISION OF CORPORATION

04 MAR -3 PM 12: 57

SECRETERY OF STATE

# TRANSMITTAL LETTER

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

| SUBJECT: Sola        | ris Rehab Services, Inc.                   |  |  |
|----------------------|--|--|--|
| SOBOLO I.            | (PROPOSED CORPORA                          | TE NAME - <u>MUST INC</u>                          | 00)3800308)  |
| Enclosed are an orig | rinal and one (1) copy of the art          | icles of incorporation and                         | a check for:   |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED |
| FROM: S              | arah Mbiza                                 |  |  |
|                      | Name                                       | e (Printed or typed)                               |  |
|                      | <del></del>                                | Address  | · · · · · · · · · · · · · · · · · · ·                                    |
|                      | Tallahassee, FL 32310                      |  |  |
|                      | City                                       | , State & Zip                                      |  |
|                      | (850) 575 2991                             |  |  |
|                      | Daytime '                                  | Telephone number                                   |  |

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

### ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## ARTICLE I NAME

The name of the corporation shall be:

Solaris Rehab Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 175 Brittain Drive, #5
Tallahassee, FI 32310

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide therapy services in various environments.

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sarah Mbiza - Director Ommet Mbiza - Director

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sarah Mbiza 175 Brittain Drive, #5 Tallahassee, FI 32310

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Sarah Mbiza 175 Brittain Drive, #5 Tallahassee, FL 32310

| Sollona                    | 3/3/04 |
|----------------------------|--------|
| Signature/Registered Agent | Date   |
| SMbma                      | 3/3/04 |
| Signature/Incorporator     | Date   |