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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles 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
FROM:	Victor C Name	(Printed or typed)	allo
3920 SW 122 AUE Address			
	MIAMI City,	F 3 3 1	75
	305- 221	- 2877	

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

Daytime Telephone number

ARTICLE I NAME	
The name of the corporation shall be:	
Rehabil Internation	in Corp.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	ALC: Q
39205W 122AUE	AF. AP.
MIANI F/ 33/75	04 APR -9 SECKLING ALLAHASSE
ARTICLE III PURPOSE	APR-9 PH
The purpose for which the corporation is organized is:	
HEDICAL SERVICES	OL APR -9 PH 1: 26 ALLAHASSEE, FLORIDA
ARTICLE IV SHARES	
The number of shares of stock is: 500	
List name(s), address(es) and specific title(s): Victor O. CARABAIIO - F	· Pesiden !
3920 SW 122 AUE	
HIAMI F/ 33175	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	•
VICTOR O. CARABALLO	
3920 SW 122AUE	
MIAHI F1 33175	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Victor O. CARABAllo	
3950 SW 122 AVE	
**************************************	**************
Having been named as registered agent to accept service of process for the	above stated corporation at the place designated in
certificate, tak familiar with and accept the appointment as registered agent	at and agree to act in this capacity
× What also	21/6/01
Agent Agent	Date
I he dan market an a safty was an a safty of the a	vau
	* /
* Integral	4/6/04