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2004 SEP 17 PM 12: 30

to alaylor

# TRANSMITTAL LETTER

64 SEP 17 PM 12: 3

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

2004 SEP 17 PM 12: 31

JEAN LIANT OF STATE FALLAHASSEE FLORIDA

SUBJECT:	Total Body	Rehab So	letions Inc	
	(Proposed/corpor	rate name - must include suf	fix)	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
☐ \$70.00 Filing Fœ		☐ \$78.75 Filing Fœ	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	FROM: Liced Parera Name (Printed or typed)			
	1350 SW 75 ave Address			
City, State & Zip				
(30S) 300–1904 Daytime Telephone number				

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

# ARTICLES OF INCORPORATION

SI SHARE LOSALE SI SALES The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles or Incorporation.

The name of the corporation shall be:

TOTAL BODY REHAB SOLUTIONS INC

## ARTICLE II : PRINCIPAL OFFICE

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

1350 SW 75 AVE MIAMI, FL 33144

# <u> ARTIÇLE III : SHARES</u>

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

100 SHARES

# ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LICED PARERA 1350 SW 75 AVE MIAMI, FL 33144

# ARTICLE V : INCORPORATOR

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

LICED PARERA (PRESIDENT) 1350 SW 75 AVE MIAMI, FL 33144

Signature/Incorporator

09/13/2004

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.

09/13/2004

Date

URBANO G. MARTINEZ MY COMMISSION # DD 067058 EXPIRES: January 14, 2006 Bondard Thru Budget Notary Services

URBANO G. MARTINEZ MY COMMISSION # DD 067058 EXPIRES: January 14, 2006

Bonded Thru Budget Notary Services

gnature) Registered Agent