

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : XIOMARA LEE, F.A.

Account Number : J20040000008 Phone : (305) 262-2323

Fax Number

: (305)262-2324

FLORIDA PROFIT CORPORATION OR P.A.

MARGON THERAPY & REHABILITATION INC

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MARGON THERAPY & REHABILITATION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11890 SW 8TH ST STE # 205-A MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): MARGARITA MARTINEZ 9073 SW 6TH ST MIAMI, FL 33174

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ARTICLE VI REGISTERED AGENT

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

MARGARITA MARTINEZ 9073 SW 6TH ST MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARGARITA MARTINEZ 9073 SW 6TH ST MIAMI, FL 33174

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

& myantine	01/24/2005
Signature/Registered Agent	Date
- you time	01/24/2005
Signature/Incorporator	Date

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