

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

my rehab funhouse, inc.

Certificate of Stams	0
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ARTICLES OF INCORPORATION

SECRETARY OF STATE

The undersigned incorporator, for the purpose of forming a corporation under the SEE. FLORIDA Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

MY REHAB FUNHOUSE, INC.

ARTICLE 2 - PRINCIPAL OFFICE

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

14025 SW 91 Terrace Miami, FL 33186

ARTICLE 3 - SHARES

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

One hundred (100) shares; \$1.00 par value.

ARTICLE 4 - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Berta M. Sanders 9550 NW 77th Avenue Hialeah Gardens, FL 33016

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ARTICLE 5 - INCORPORATOR

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

Tania Somoano 14025 SW 91 Terrace Miami, FL 33186

ARTICLE 6 - DIRECTORS

Tania Somoano - President 14025 SW 91 Terrace Miami, FL 33186

Nicole Ramos - Vice-President 14025 SW 91 Terrace Miami, FL 33186

The undersigned incorporator has executed these Articles of Incorporation this 24th day of September, 2007.

Tahila Somoano

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the designation of the registered agent/registered office, in the State of Florida.

- 1. The name of the Corporation is: My Rehab Funhouse, Inc.
- 2. The name and address of the registered agent and office is:

Berta M. Sanders 9550 NW 77 Avenue Hialeah Gardens, Fl. 33016

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.

Signature:

Dater

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