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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. PROFESSIONAL (Corporation Name)	THERAPY &
2. KEHABILITAT (Corporation Name)	TON SPECIALIST, LIVE
3. (Corporation Name)	(Document #)
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Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

PROFESSIONAL THERAPY & REHABILITATION Specialist

ARTICLE 11 - PRINCIPAL OFFICE

TWC

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

141 SW 33th AVE MIAM, FL 3313V

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO PINO

141 SW 33th AVE

MIAMI FL 3313V



ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of	f
Incorporation is:	
PEDRO TINO	
141 SW 33th AVE	
MIAMI FL 33131	
The undersigned incorporator has executed these Articles of	
Incorporation this 26 day of Internation 2008	

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

PEDRO PINO -

8 FEB 27 AM II: 25

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature