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To:

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FLORIDA PROFIT/NON PROFIT CORPORATION

FURTHERING INDEPENDENCE WITH THERAPY INC.

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ARTICLES OF INCORPORATION
OF

FURTHERING INDEPENDENCE WITH THERAPY INC.

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

ARTICLE I NAME

The name of the corporation shall be:

FURTHERING INDEPENDENCE WITH THERAPY INC.

The principle place of business is:

1781 N.W. 3RD AVE., HOMESTEAD, FL 33030

ARTICLE II

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 SHARES AT \$5.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are)

JEANINE M. GONZALEZ- P/T- 100% OF THE SHARES
1781 N.W. 3RD AVE., HOMESTEAD, FL 33030

LUIS ALVAREZ- S
1781 N.W. 3RD AVE., HOMESTEAD, FL 33030

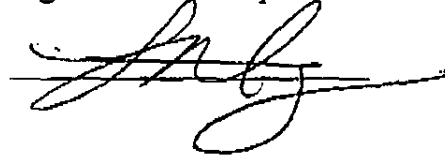
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

LUIS ALVAREZ
1781 N.W. 3RD AVE., HOMESTEAD, FL 33030

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this 10-30-2008

Signature of Incorporator

A handwritten signature in black ink, appearing to be "Luis Alvarez", written over a horizontal line.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

FURTHERING INDEPENDENCE WITH THERAPY INC.

2. The name and address of the registered agent and office is:

LUIS ALVAREZ
1781 N.W. 3RD AVE., HOMESTEAD, FL 33030

Signature

Title

Secretary

Date

10/30/08

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date

10/30/08