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SECRETARY OF STAIL OF CORPORATION 2009 MAR - 2 AM 10: 55

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## **LAZARUS**

## **CORPORATE FILING SERVICE**

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2009 MAR -2 AM 10: 55

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MIAMI, FL 33165 (305) 552-5973

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RPORATION NAME(S) & DOCUM	ENT NUMBER(S), (ii	known):
LIBERTY THERA (Corporation Name)	PY CENT	ER; Inc.
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

#### ARTICLES OF INCORPORATION

2009 MAR -2 AM 10: 55

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** 

Liberty Therapy Center, Inc.

**ARTICLE II - PRINCIPAL OFFICE** 

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

7200 NW 75%. suite #201 Wiami, FC 33126.

**ARTICLE III - SHARES** 

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

MELDIS GONZAlez
7200 NW 751. #201
Miami, FL 33124.

SECRETARY OF STATE DIVISION OF CORPORATION

#### **ARTICLE V - INCORPORATOR**

2009 MAR -2 AM 10: 55

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Melbis Gonzalez, 7200 N.W 7th Street Suite 201. Miami, FL 33126.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

27 OF INCORPORATION THIS
DAY OF FEBRUARY, 2009

#### **ARTICLE VI - DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Helbis Gonzalez (President) 7200 N.W 7th Street suite 201. Miami, FL 33/26.

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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