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FLORIDA PROFIT/NON PROFIT CORPORATION

FUNCTIONAL RESTORATION CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION
FOR
FUNCTIONAL RESTORATION CORP.

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ARTICLE I

The name of the Corporation shall be:

FUNCTIONAL RESTORATION CORP.

ARTICLE II

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

575 CRANDON BLVD # 701
KEY BISCAYNE, FLORIDA 33149

ARTICLE III

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

7500 SHARES

ARTICLE IV

The name and address of the initial registered agent is:

DANIEL WALDMAN
575 CRANDON BLVD. # 701
KEY BISCAYNE, FL 33149

ARTICLE V

This corporation shall have officers and directors initially. The names and addresses of the initial officers and directors who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

DANIEL WALDMAN
575 CRANDON BLVD. # 701
KEY BISCAYNE, FLORIDA 33149

ARTICLE VI

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

DANIEL WALDMAN
575 CRANDON BLVD. # 701
KEY BISCAYNE, FLORIDA 33149

The undersigned has executed these Articles of Incorporation the 30th Day of March, 2009.


DANIEL WALDMAN

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 is:

FUNCTIONAL RESTORATION CORP.

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

DANIEL WALDMAN
575 CRANDON BLVD. # 701
KEY BISCAVNE, FLORIDA 33149

SIGNATURE: _____

TITLE: President

DATE: March 30, 2009

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: _____

DATE: March 30, 2009

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