10 FAX 13 13

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000147851 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

T&M REHAB MANAGEMENT, INC.

Certificate of Status	mpress	er i elektropopopor (h. 2002)	uman di Asse j	0	10 ··
Certified Copy			; 41	1	
Page Count				03	
Estimated Charge		•	:	\$78.75	:

Electronic Filing Menu

Corporate Filing Menu

FROM : LAZARUS 850-617-6381

FAX NO. :3052201440 6/23/2009 10:45:10 AM PAGE Jun. 23 2009 11:31AM P2

1/001 Fax Server



June 23, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAZARUS

SUBJECT: TEM REHAB MANAGEMENT, INC.

REF: W09000029181

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete the address in article II.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6928.

Fim Burch Regulatory Specialist II New Filing Section

FAX Aud. #: H09000147851 Letter Number: 809A00021278 FROM : LAZARUS

FAX NO. :3052201440

Jun. 23 2009 11:31AM P3

FILED

H09000147851

09 JUN 23 PM 12: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA

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:
TEMPORATION SHALL BE:
TRUE - TRUE

ARTICLE II - PRINCIPAL OFFICE

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

733 85 STREET Miami BEACH FL 33141

ARTICLE III - SHARES

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

100 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

ANTONIO LOPEZ
733 85 STREET
Miami BEACH FL 33141

FILED

H09000147851

09 JUN 23 PM 12: 03

ARTICLE V - INCORPORATOR

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

ANTONIO LOPE

99 89 3110ECT

Miami Beach FL 33141

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS ______, 200 9

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

ANTONIO LOPEZ (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

<u>office</u>

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 RELAYED 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