Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON	PROFIT CORPORATION
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N.C.G. REHABILITATION CENTER INC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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1/12/2010 4:00

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF 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:

N.C.B. Rehabilitation Center inc

ARTICLE II - PRINCIPAL OFFICE

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

26335W 139AV MIAMIFL 33175

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

CARLOS A. RODRISCEZ

2633 SW 139AU

2633 SW 139AU

HIAMI TH 33175

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ARTICLE V - INCORPORATOR

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

(ANDS A. RODRIGUEZ

26 335W 139AU MIAMI FL 33175

The undersigned incorporator has executed these Articles of Incorporation this ______ day of ______ IO___.

Signature

ARTICLE VI-DIRECTOR (S)

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

ANDS A. RODRISUEZ (2)

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