

P10000012077

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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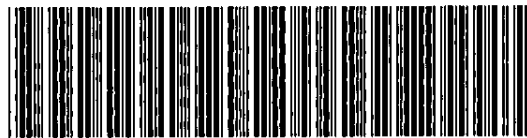
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EP 2/10/10

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

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CORAL GABLES, FL 33134 (305) 444-4994

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH AND LIFE REHABILITATION GROUP, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
HEALTH AND LIFE REHABILITATION GROUP, INC.**

The undersigned incorporator, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name and address of this corporation shall be:

HEALTH AND LIFE REHABILITATION GROUP, INC.
14211 S.W 88th Street Suite 412
Miami, FL 33186

ARTICLE II - EXISTANCE

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE OF CORPORATION

The corporation may transact any or all-lawful business for which corporations may be incorporated under the laws of the State of Florida and of the United States.

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares that the corporation shall have authority to issue is 100 shares of common stock having \$ 1.00 par value.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share there of (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI - NAME OF REGISTERED
AGENT AND ADDRESS OF REGISTERED OFFICE**

The name and street address of the corporation's initial registered resident agent shall be:

Ailyn Rodriguez Monzon
14211 S.W 88th Street Suite 412
Miami, FL 33186

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TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

Initially this corporation shall have two directors. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The name and address of the initial directors are:

P/S/D Ailyn Rodriguez Monzon
14211 S.W 88th Street Suite 412
Miami , FL 33186

VP/T/D Yurit Fonseca Casas
14211 S.W 88th Street Suite 412
Miami , FL 33186

ARTICLE VIII- INCORPORATOR

The name and address of the person signing these articles is:

Ailyn Rodriguez Monzon
14211 S.W 88th Street Suite 412
Miami , FL 33186

ARTICLE IX – BY LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of directors and shareholders.

ARTICLE X - AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has (have) executed these Articles of Incorporation this February 8, 2010



Signature

**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 is:

HEALTH AND LIFE REHABILITATION GROUP, INC.

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

Ailyn Rodriguez Monzon
14211 S.W 88th Street Suite 412
Miami, FL 33186

Having been named to accept services of process for the above stated corporation, at the place designated in the 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:



TITLE: P/S/D

DATE: 02/08/10

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