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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I200700C0160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

RECEIVED FEB 25 2010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMPREHENSIVE HOLISTIC REHAB CLINIC, INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

FILED
10 FEB 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ep 2/26/10

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMPREHENSIVE HOLISTIC REHAB CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3898 W COMMERCIAL BOULEVARD

TAMARAC, FLORIDA 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR

BEATRICE BONENFANT

3898 W COMMERCIAL BOULEVARD

TAMARAC, FLORIDA 33309

PRESIDENT

EDDY DALUS

3898 W COMMERCIAL BOULEVARD

TAMARAC, FLORIDA 33309

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JEAN R EUGENE
6822 NW 27TH COURT
SUNRISE, FLORIDA 33313

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

BEATRICE BONENFANT
3898 W COMMERCIAL BOULEVARD
TAMARAC, FLORIDA 33309

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

X 
JEAN R EUGENE / Registered Agent

2-23-10
Date


BEATRICE BONENFANT / Incorporator

2-23-10
Date

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