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FLORIDA PROFIT/NON PROFIT CORPORATION
HEALING HANDS REHABILITATION CENTER INC.

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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:

Healing Hands Rehabilitation Center INC.

ARTICLE II - PRINCIPAL OFFICETHE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:8300 SW 8 St Suite 107
Miami FL 33144ARTICLE III - SHARESTHE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

KARISSA FORTUNA
8300 SW 8 St Suite 107
Miami FL 33144

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ARTICLE V - INCORPORATOR

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

KARISSA FORTUNA
8300 SW 8 ST Suite 107
Miami FL 33144

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS**

1 DAY OF April, 2010



SIGNATURE

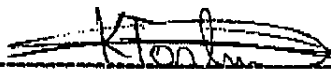
ARTICLE VI - DIRECTOR(S)

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

KARISSA FORTUNA
8300 SW 8 ST Suite 107
Miami FL 33144

**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

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