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FLORIDA PROFIT/NON PROFIT CORPORATION
L. MOJICA P.A.

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ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

L. Mojica P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

24310 SW 129th Pkwy
Homestead, FL 33032

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Provide OCCUPATIONAL THERAPIST ASSISTANT
SERVICE.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Luz Mojica
24310 SW 129th Pkwy
Homestead, FL 33032

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Luz Mojica
24310 SW 129th Pkwy
Homestead, FL 33032

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Luz Mojica
24310 SW 129th Pkwy
Homestead, FL 33032

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Luz Mojica
24310 SW 129th Pkwy
Homestead, FL 33032

The undersigned has (have) executed these Articles of Incorporation this ____ day of

8/11, 2010.



Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING 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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