

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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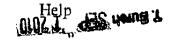
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FLORIDA PROFIT/NON PROFIT CORPORATION TS REHAB SOLUTIONS, INC.

Certificate of Status Certified Copy 1 Page Count 04 **Estimated Charge** \$78.75

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Corporate Filing Menu



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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

TS Rehab Solutions, Inc.

ARTICLE 2 - PRINCIPAL OFFICE

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

15825 SW 89 Ave Palmetto Bay, FL 33175

ARTICLE 3 - SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:

One hundred (100) shares; \$1,00 par value.

ARTICLE 4 – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tania Somoano 15825 SW 89 Ave Palmetto Bay, FL 33157

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ARTICLE 5 ~ INCORPORATOR

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

Tania Somoano

ARTICLE 6 - DIRECTORS

President

Tania Somoano 15825 SW 89 Ave Palmetto Bay, FL 33157

The undersigned incorporator has executed these Articles of Incorporation this 31st Day of August, 2010

Tania Somoano

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the designation of the registered agent/registered office, in the State of Florida.

- 1.- The name of the Corporation is: TS Rehab Solutions, Inc
- 2.- The name and address of the registered agent and office is:

Tania Somoano 15825 SW 89 Avenue Palmetto Bay, FL 33157

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 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.

Signature:

Date: 9-31-10

SICKLIST DESIATE