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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MARLIN REHAB, INC.**

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20 SEP -8 PM 4:00  
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September 8, 2010

To whom it may concern:

This is to inform you that I, Thaymy Arencibia Fuentes, will no longer be using the corporation Marlin Rehab, Inc. (P09000011294). Instead, I would like to open a new company with the same name. (Please see attached.) Thank you very much for your cooperation in this matter. If you have any questions, please feel free to contact the phone number on the cover letter.

Sincerely,

Thaymy Arencibia Fuentes

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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:

Marlin Rehab, Inc.

ARTICLE II - PRINCIPAL OFFICETHE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:11513 SW 4th  
Miami, FL 33174ARTICLE 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

Thaymy Areneibia Fuentes  
11513 SW 4th  
Miami, FL 33174

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ARTICLE V - INCORPORATOR

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

Thaymy Arenibia Fuentes  
11513 SW 4st  
Miami, FL 33174

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  
OF INCORPORATION THIS

8 DAY OF Sept, 2010.

  
SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

Thaymy Arenibia Fuentes (P)  
11513 SW 4st.  
Miami, FL 33174

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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