

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION ANGEL HANDS REHABILITATION CENTER INC

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H 1 0 0 0 0 2 1 17 4 0 ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

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:

ANGEL HANDS REHABILITATION CENTER INC

ARTICLE II - PRINCIPAL OFFICE

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

4530 NW 7ST. Miami FL 33126

ARTICLE III - SHARES

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

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marilyn Gutierrez-IMA 4530 NW 757: Miami FL 33126 H10000211740

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ARTICLE V - INCORPORATOR

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

MARILYN GUTIERREZ-IMA 4530NW 75t. MIAMI Plorido 33126

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____ 20____.

ARTICLE VI-DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Marilyn GutiERREZ-Ima-(P) 4530 NW 75te MIMM, florida 33126

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