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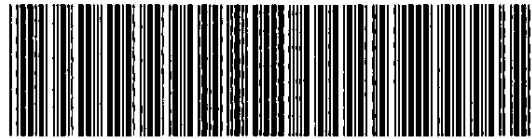
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 1/7/11

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$ 70.00
Filing Fee

☒ \$ 78.75
Filing Fee
& Certificate

☐ \$ 122.50
Filing Fee
& Certificate Copy

☐ \$ 131.25
Filing Fee
Certificate Copy
& Certificate

FROM:

O T M Rehab Corp.

Name

15243 SW 29 Terrace

Address

Miami, Florida 33185

City, State & Zip

(305) 494-1508

Daytime Telephone number

ARTICLES OF INCORPORATION

OF

O T M Rehab, Corp.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

ARTICLE I - NAME

The name of the corporation shall be:

O T M Rehab, Corp.

ARTICLE II - PRINCIPAL OFFICE

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

**15243 SW 29 Terrace
Miami, Florida 33185**

ARTICLE III - DURATION

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE IV – PURPOSE

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida.

ARTICLE V - AUTHORIZED SHARES

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

100 shares at \$ 1.00 (one dollar) each

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial office of this Corporation and Florida street address of the initial registered agent is:

**Oscar A. Martinez
15243 SW 29 Terrace
Miami, Florida 33185**

ARTICLE VII – INITIAL BOARD OF DIRECTOR

This Corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial president and vice-president of this Corporation are:

**Oscar A. Martinez
15243 SW 29 Terrace
Miami, Florida 33185**

**Teresita Martinez
15243 SW 29 Terrace
Miami, Florida 33185**

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TALLAHASSEE, FLORIDA

ARTICLES VIII – INCORPORATOR

The name and street address of the incorporator to these articles of incorporation is:

**Oscar A. Martinez
15243 SW 29 Terrace
Miami, Florida 33185**

The undersigned incorporator has executed these Articles of Incorporation this
28th day of December, 2010.



Oscar A. Martinez

ARTICLE IX – POWERS OF CORPORATION

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 28th day of December, 2010.



Oscar A. Martinez

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **O T M Rehab, Corp.**
2. The name and address of the registered agent and office is:

Oscar A. Martinez

Name

15243 SW 29 Terrace

Address

Miami, Florida 33185

(City/State/Zip)

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)

28/12/2010

(Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314.

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TALLAHASSEE, FLORIDA