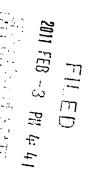
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# **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:		EXCLUSIVE MEDICAL REPABLEMATION, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED	
FROM:		ESUS MARTINEZ		
	10835 SV	e (Printed or typed) V 145 CT		
	MIAMI, F	Address L 33186 State & Zip		
	786-34	·		
	E-mail address: (to be use	d for future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.

# 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.

### <u>ARTICLE I – NAME</u>

The name of the corporation shall be:

**EXCLUSIVE MEDICAL REHABILITATION, INC.** 

### <u>ARTICLE II – PRINCIPAL OFFICE</u>

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

10835 SW 145 CT MIAMI, FL 33186

### ARTICLE III - SHARES

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

100 NO PAR VALUE

### <u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

IVAN DE JESUS MARTINEZ 10835 SW 145 CT MIAMI, FL 33186

### <u>ARTICLE V – INCORPORATORS(S)</u>

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

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST

IVAN DE JESUS MARTINEZ – PRESIDENT 10835 SW 145 CT MIAMI, FL 33186

Signature			
ARTICLE VI – DIRECTOR(S)  The name(s) and street address (es) of the director(s) to these Articles of Ir (are):	ncorpora	ation	is
IVAN DE JESUS MARTINEZ – PRESIDENT 10835 SW 145 CT MIAMI, FL 33186		30 3 PH 4:41	

### 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