Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000247222 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations.

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number: T20000000019

Phone

: (305)552-5973 Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION JHAB THERAPY CENTER INC.

Certificate of Status 0 Certified Copy 1 03 Page Count Estimated Charge \$78.75

T. Burch ()[] 1 8 2011

H 1 1 0 0 0 2 4 7 2 2 2 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:

THab Therapy Center Inc.

ARTICLE II - PRINCIPAL OFFICE

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

445 NW 4th St. Miami 7 (33128).

ARTICLE III – SHARES

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

100

ADDRESS

The name and address of the initial registered agent is:

Janice Guilarte-Pena.

445 NW 4 TH ST. APT. 215

Miami FL 33128:

H11000247222

H11000247222 ARTICLE V - INCORPORATOR

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

Janice GuilaRTE-Pena.

445 NW 4TH ST. Apt. 215 Miami FL 33126

The undersigned incorporator has executed these Articles of Incorporation this 12 day of 0 CTOBER 20 11.

<u>ARTICLE VI- DIRECTOR (S)</u>

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

Janice GuilaRTE-Pena (P)

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

H11000247222