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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
O AND A REHAB CENTER LN.C.

Certificate of Status	0
Certified Copy	1
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RECEIVED  
11 OCT 14 AM 10:20  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



October 14, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: O AND A REHAB CENTER I.N.C.  
REF: W11000052913

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H11000247861  
Letter Number: 311A00023584

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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.

2011 OCT 14 AM 09:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE I - NAME

The name of the corporation shall be:

O and A REHAB CENTER

ARTICLE II - PRINCIPAL OFFICE

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

6955 N.W. 77 ave Suite 404  
Miami, FL 33166

ARTICLE III - SHARES

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

100 shares

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OSBEL ROMERO ACOSTA  
6955 N.W. 77 ave  
Suite 404  
MIAMI, FL 33166

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**ARTICLE V - INCORPORATOR**

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

OSBEL ROMERO ACOSTA  
6955 N.W. 77 ave.  
Suite 404  
MIAMI FL 33166

The undersigned incorporator has executed these Articles of Incorporation this  
13 day of October 20 11.



Signature

**ARTICLE VI- DIRECTOR (S)**

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

OSBEL ROMERO ACOSTA (P)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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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