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FLORIDA PROFIT/NON PROFIT CORPORATION LIFE INSTITUTE AND REHAB CENTER INC.

Certificate of Status	0
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"ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ife Institute and Rehab contex Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
5080 west Flagler St, StE3A	
mami FL, 33144	
	
ARTICLE III SHARES: The number of shares of stock is:	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Julie Rodrigues - P	
	f
<u> </u>	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	
The name and Florida street address (PO Box not acceptable) of the registered a	agent is:
0.4.00	
_8080 West FLAGLER ST. st _Migmi FL 33144	<u>6</u> 217
THIGHT TE SSTEET	•
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	rator is:
Julie Rodriquez	
8080 West Flagler St. St	
MIAMI FL 33144	<u> </u>

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ncorporator

Date