

P98000063667

TRANSMITTAL LETTER

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

900002592039--9  
-07/17/98--01079--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Emergency Rehabilitation Services, Inc  
(Proposed corporate name- must include suffix)

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

(X) \$70.00    ( ) \$78.75    ( ) \$122.50    ( ) \$131.25

FROM: Jorge Arturo Ferreyra  
Name (printed or typed)

12266 SW 130 St.  
Address

Miami, FL 33186  
City, State & Zip

(305) 206-5849  
Daytime Telephone Number

98 JUL 17 PM 3:06

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

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

RP

## ARTICLES OF INCORPORATION

The undersigned incorporation(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:

Emergency Rehabilitation Services, Inc

### ARTICLE II PRINCIPLE OFFICE

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

12266 SW 130 St.  
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:

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge Arturo Ferreyra  
12266 SW 130 St.  
Miami, FL 33186

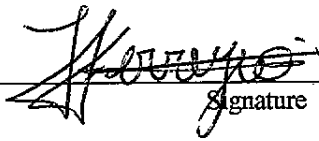
### ARTICLE V INCORPORATION (S)

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

Jorge Arturo Ferreyra  
12266 SW 130 St.  
Miami, FL 33186

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 17 PM 3:06

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13<sup>th</sup> day  
of July, 1998

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee- \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Emergency Rehabilitation Services, Inc

2. The name and address of the registered agent and office is:

Jorge Arturo Ferreyra

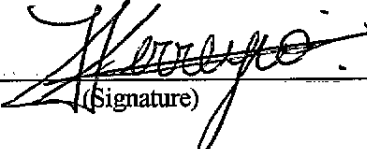
12266 SW 130 St.

(P.O. Box not acceptable)

Miami, FL 33186

(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)

DIVISION OF CORPORATION, P.O.BOX 6327, TALLAHASSEE, FL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
98 JUL 17 PM 3:06