# TRANSMITTAL LETTER

# P98000102020

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

000002698730--5 - 12/01/98--01046--010 \*\*\*\*122.50 \*\*\*\*\*78.75

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SUBJECT: <u>C</u>	are First Le	hab Service  porate name - must include su	z, lne.
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Enclosed is an origina	l and one(1) copy of the artic	cles of incorporation and a	check for :
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONALICO	PYREQUIRED
FROM	Name	(Printed or typed)	. 1
<u>,</u>		•Address	98

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

City, State & Zip

#### ARTICLES OF INCORPORATION

#### FOR

#### CARE FIRST REHAB SERVICES, INC.

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate to form a corporation under the laws of the State of Florida and hereby does adopt the following Articles of Incorporation.

#### ARTICLE I

The name of this corporation is CARE FIRST REHAB SERVICES, INC.

# ARTICLE II

The initial post office address of the principal office of this corporation in the State of Florida is:

1799 ARASH CIRCLE PORT ORANGE, FL 32124

# **ARTICLE III**

The maximum number of shares of this corporation shall be ten thousand (10,000) shares, said shares having a par value of One Dollar (\$1.00) each, and to be fully paid and non-assessable, all of which shall be common stock. And the same shall be issued and sold for such consideration as may be fixed by the Board of Directors hereof. Said shares of stock shall be issued, sold, or transferred only in accordance with the by-laws of the corporation. As the corporation may, from time to time, make, and all of said shares of stock shall be paid for in cash, property, labor or services. It being recognized that property, labor or services may be purchased or paid for with the capital stock of the corporation at a just valuation.

## ARTICLE IV

### ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been named to accept service of process for the above corporation, at the place designated on this certificate, I hereby accept this appointment as REGISTERED AGENT of CARE FIRST REHAB SERVICES, INC.

SIGNATURE:

LISADYAL MORTENSON

CEGISTERED ACENTS

DATE:

Debra a Sigal

Notary Public State of Florida

DEBRA A. SIGAL
MY COMMISSION # CC 477430
EXPIRES: August 7, 1999
Bonded Thru Notary Public Underwritera

98 DEC - 1 PH 12: 46

SECRETARY OF STATE DIVISION OF CORPORATIONS

My Commission Expires:

#### ARTICLE V

The name and address of the person signing these Articles is:

LISA DYAL MORTENSON 1799 ARASH CIRCLE PORT ORANGE, FL 32124

#### ARTICLE VI

The general nature of the business to be transacted by this corporation is to engage in every aspect and phase of Rehabilitative Services and Consulting, Sales and Services. To purchase, lease rent or otherwise acquire suitable property, and to buy and sell any and all commodities in connection with such operation. To establish franchises or subsidiaries or otherwise expand this business, as may seem fit by the Directors.

This corporation is organized for the purpose of carrying on and conducting any business or businesses and every act of deed pertaining thereto, either directly or indirectly, which can lawfully be done under the laws of the State of Florida, and to such engage in and carry on said business or businesses in Florida or in any other State of the United States of America, Territory or Nation.

#### ARTICLE VII

The amount of Capital with which this corporation will begin business will not be less than One Thousand Dollars (\$1,000).

#### ARTICLE VIII

The term for which this corporation shall exist shall be perpetual.

# ARTICLE IX

This corporation shall have ONE Director Initially. The number of Directors may be increased or dismissed from time to time by the by-laws adopted by the Stockholders, but shall never be less than one.

# ARTICLE X

The name(s) and address(es) of the initial Director(s) of this Corporation is (are):

Lisa Dyal Mortenson 1799 Arash Circle Port Orange, FL 32124

#### ARTICLE XI

The names and addresses of the officers who are to conduct the businesses of this Corporation until those elected at the first election are as follows:

President: Lisa Dyal Mortenson 1799 Arash Circle Port Orange, FL 32124

SECRETARY OF STATE OF CORPORATIONS

Secretary: Lisa Dyal Mortenson 1799 Arash Circle Port Orange, FL 32124

Treasurer: Lisa Dyal Mortenson 1799 Arash Circle Port Orange, FL 32124

#### ARTICLE XII

The following person has been named by this Corporation to accept service of process within the State of Florida:

Lisa Dyal Mortenson 1799 Arash Circle Port Orange, FL 32124

# **ARTICLE XIII**

This Corporation reserves the right to amend or repeal any provisions contained in these "ARTICLES OF INCORPORATION" or any amendments thereto and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER has executed these Articles of Incorporation this 30th, day of November..., 1998.

Lisa Dyal Mortenson
Subscriber

STATE OF FLORIDA COUNTY OF VOLUSIA

The forgoing instrument was acknowledged before me this 30th, Day of November., 1998 by LISA DYAL MORTENSON who is personally known to me or who has produced FLORIDA DRIVER'S LICENSE No. 19635 -524 -73 -5970 as identification and who did take on oath.

WITNESS my hand and official seal.

eura a sogar

DEBRA A. SIGAL

#FY COMMISSION # CC 477430

EXPIRES: August 7, 1999

Bonded Thru Notary Public Underwriters