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Florida Department of State
Division of Corporations
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OCT-8 PM 3:03
DIVISION OF CORPORATIONS

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
LIFE FOR EVER MEDICAL AND REHAB CENTER INC

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LIFE FOR EVER MEDICAL AND REHAB CENTER
FNC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

830 NW 127 ST NORTH MIAMI FL
33168

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

OSCAR SERGIO PERIU (P)

15 OCT - 8 PM 3 03
OFFICE OF CORPORATE
STATE

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

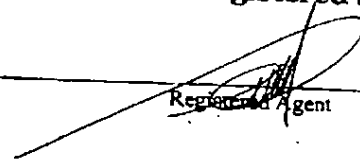
OSCAR SERGIO PERIU
830 NW 127 ST
NORTH MIAMI FL 33168

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

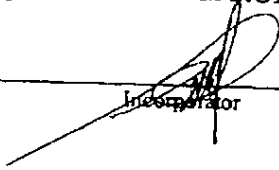
OSCAR SERGIO PERIU
830 NW 127 ST
NORTH MIAMI FL 33168

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 10/08/2019
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.


Incorporator 10/08/2019
Date

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 19 OCT - 8 PM 03