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

SUBJECT:	Rosa Behabili (PROPOSED CORPORA)	fation Cente TE NAME - MUST INCL	W, enco	_
		<u></u>		352706 0-01019-010 50 *****87.50
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and		•
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	Candad Name (Pr	RO20)		
ORRECT Note of the DOC. EXAM (ALC.)	Mianie Fl. City, 5 (305) 264	_ 7738 Hephone number 242-55/3	TALLANAS SEE, FLORIDA	FILED ON APR 12 MIII: 38

- ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Rosa Rehabilitation Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8746 S.W. 8th Street Miami, FL 33174



The purpose for which the corporation is organized:

Medical/Rehabilitation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:

Caridad Rosa

8746 A. 8th Street Miami, FL 33174

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Caridad Rosa 10334 S.W. 135 Place Miami, FL 33186

Having been named as registered agent to accept serviced 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. 4- 7-00 Date 4- 7-00 Signature/Registered Agent

Signature/Incorporator