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FILED
03 JUN 16 AM 14:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:

2324 Rehabilitation Center Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Sergio Mullen
Name (Printed or typed)

2324 SW 8 ST
Address

Miami FL 33135
City, State & Zip

305-643 0535
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

03 JUN 16 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I : NAME

The name of the corporation shall be:

2324 REHABILITATION CENTER, INC

ARTICLE II : PRINCIPAL OFFICE

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

2324 SW 8 ST
MIAMI, FL 33135

ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any on time is:

100 SHARES

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

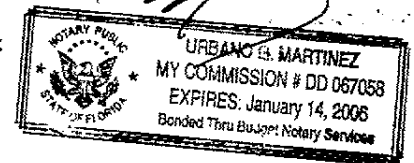
The name and Florida street address of the initial registered agent are:

SERGIO MULEN
2324 SW 8 ST
MIAMI, FL 33135

ARTICLE V : INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SERGIO MULEN (PRESIDENT)
2324 SW 8 ST
MIAMI, FL 33135





Signature/Incorporator

06/10/2003

Date

(An additional article must be added if an effective date is requested).

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/ Registered Agent

06/10/2003

Date

