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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
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FLORIDA PROFIT CORPORATION OR P.A.

LEON REHAB MED, INC.

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Articles of Incorporation

Article 1: Name of Corporation: **LEON REHAB MED, INC.**


Address of Corporation: **17242 NW 54 AVE.
MIAMI, FL. 33055**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **0**.

Article 3: REGISTERED AGENT: **SEBNA LEON**

REGISTERED OFFICE: **17242 NW 54 ST.
MIAMI, FL. 33055**

**I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.*




Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1. P: **SEBNA LEON, 17242 NW 54 ST., MIAMI, FL. 33055**
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**SEBNA LEON
17242 NW 54 ST.
MIAMI, FL. 33055**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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