

PO5000039145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

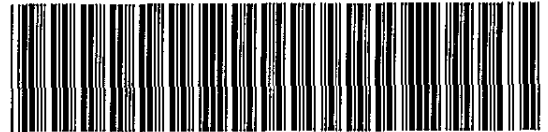
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
05 MAR 14 PM 12:26

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Natural Healing & Rehab Center, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

05 MAR 14 PM 12:26

**OF**

**Prepared by:Josefina Reyes-Lovio  
1330 SW Coral Way Suite 407  
Miami, FL, 33145**

**ARTICLE VI INCORPORATOR**

The name and street address of the incorporator is:

**Frank Pierre**

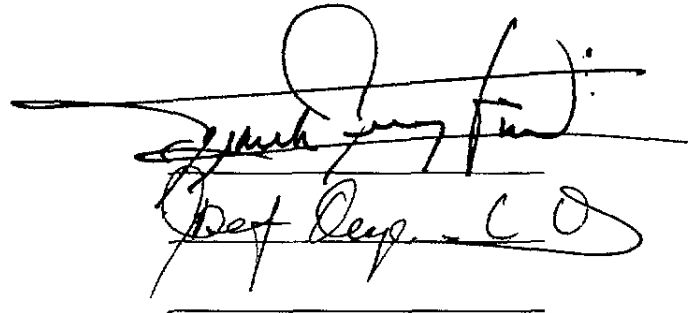
**1330 SW Coral Way Suite 407  
Miami, FL. 33145**

**Josefina Reyes-Lovio**

**1330 SW Coral Way Suite 407  
Miami, FL. 33145**

**IN WITNESS WHEREOF**, the undersigned incorporators have executed these Articles of Incorporation this 4 day of March, 2005.

**Signature of Incorporator**

The block contains two handwritten signatures. The first signature is for Frank Pierre, written in dark ink. The second signature is for Josefina Reyes-Lovio, also in dark ink. Both signatures are written over horizontal lines.

**STATE OF: FLORIDA  
COUNTY OF: Miami-Dade**

**THE FOREGOING** instrument was acknowledged and sworn to before me this 4 day of March, 2005, by Josefina Reyes-Lovio, of **Natural Healing & Rehab Center, Inc.**

Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

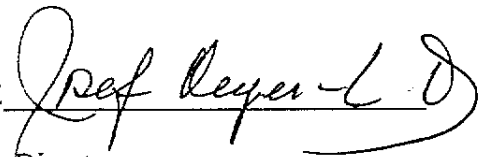
**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the corporation is: **Natural Healing & Rehab Center, Inc.**
2. The name and address of the registered agent and office is:

**Josefina Reyes-Lovio**

**1330 SW Coral Way Suite 407  
Miami, FL. 33145**

SIGNATURE



TITLE:

Director

DATE:

March 4, 2005

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.**

SIGNATURE



DATE: March 4, 2005

REGISTERED AGENT FILING FEE:

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TALLAHASSEE, FLORIDA  
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