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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Rick up time Mail out Photocopy Certificate of Status Will wait NEW FILINGS **AMENDMENTS** Profit ■ Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability ■ Dissolution/Withdrawal Domestication Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

New Horizon REhab Center, Inc

ARTICLE II - PRINCIPAL OFFICE

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

934 Higleah Drive Higleah . Fl 33010 SI CHETARY OF STATE SIVISION OF CORPORATIONS

ARTICLE III - SHARES

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

1000 shares of \$ 1.00

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ernesto E Marquez Reyes 934 Hialeah Drive Hialeah Fl 33010

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is: Ennesto E MARQUEZ REGES 934 Hialah Drive Hialeah Fl. 33010
The undersigned incorporator has executed these Articles of Incorporation this
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):
ERNESTO E Marguez REYES (ARESIDO
934 Hialeah Deive.
Hialeah Fl 33010

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am/familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SEGRETARY OF STATE