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# LAZARUS CORPORATE FILING SERVICE Requester's Name

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Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 2.00 Pick up time Certified Copy Mail out Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

# 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:

DORAL Rehab Center INC.

## **ARTICLE II - PRINCIPAL OFFICE**

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

13605 Scu 149 Aul #8 Miami, Fl. 33196

#### **ARTICLE III - SHARES**

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

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Zubiarrain 13605 8w 149 Aug #8 Mani, Fl. 33186.

#### ARTICLE V - INCORPORATOR

The name and street addres	s of the incorpora	tor to these Articl	es of
	t Zubiarno		TAS 97 57
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The undersigned incorporate	, ,		
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## ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Robert Zubrarraln - President

13605 Sul 149 Ace #8

Mianui, Fl. 33196

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