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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):							
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<u>AMENDMENTS</u>							
Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger							
REGISTRATION/QUALIFICATION							
Foreign Limited Partnership Reinstatement Trademark Other							

Examiner's Initials

CR2E031(7/97)

ARTÍCLES 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: SACRED REHAB INC



ARTICLE II PRINCIPAL OFFICE

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

780 N.E. 69TH ST APT # 1710 MIAMI, FL 33138

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

780 N.E. 69TH ST APT # 1710 MIAMI,FL 33138

ARTICLE V INCORPORATOR(S)

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

RICARDO MALPARTIDA 780 N.E. 69TH ST APT # 1710 MIAMI,FL 33138

ARTICLE VI DIRECTOR(S)

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

RICARDO MALPARTIDA (PRESIDENT & SECRETARY)
780 N.E. 69TH ST APT # 1710 MIAMI,FL 33138

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this <u>16</u> day of <u>APRIL 2008</u>.

	Signature	
	Signature	
-	Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1	. The name of the corporation is: SACRED REHAB INC	CARTARY OF	APR 18 PH	
2.	The name and address of the registered agent and office	ista	2: 35	
	(NAME)			
	780 N.E. 69TH ST APT # 1710	. , ,		ET.
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	* 4. * 573		
	MIAMI,FL 33138		-	
	(CITY/STATE/ZIP)			

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.

DATE 04/16/2008