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### Florida Department of State

**Division of Corporations** 

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FLORIDA PROFIT/NON PROFIT CORPORATION

GENESIS REHAB CENTER, INC.

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# H09000135711 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: GENESIS REHAB CENTER, IME

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

1901 SW 1ST 2 Floor. MAMI FC 33135.

#### ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

OSVALDO SOTOLONGO. 1901 SW 1ST 2 PlooR. MIAMI FL 33135.

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#### ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE
ARTICLES OF INCORPORATION IS:

(CHAIDO SOTOLONGO

1001 CHAIDO STREET APPLOOR MIAMI PL 33/35

#### ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

PSVAIDO SOTOLONGO (PRESIDENT

FILED

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# 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 DEGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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