## Florida Department of State

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### FLORIDA PROFIT/NON PROFIT CORPORATION

G & O REHABILITATION CENTER, INC.

Certificate of Status	0
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FAX NO. :3052201440 9/14/2009 1:49:59 PM PAGE Sep. 14 2009 03:43PM P2

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September 14, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

**LAZARUS** 

SUBJECT: G & O REBABILITATION CENTER, INC.

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FAX NO. :3052201440

FROM : LAZARUS

**ARTICLES OF INCORPORATION** 

2009 SEP 14 PN 4: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 | - NAME

THE NAME OF THE CORPORATION SHALL BE:

68 REHABILITATION CENTER, INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

3900 NW 79 AVE SUITE 431 Miami FL 33166

#### **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

JAIRO ABREU 3900 NW 79 AVE SUITE 431 Miami FL 33166

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# H09000199139

#### **ARTICLE V - INCORPORATOR**

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

JAIRO ABREU 3900 NW 79 AVE SUITE 43 Migmi FL 33166

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF Syptember 2009

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

Jairo Abreu (P) Osmani Gonzalez

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING SEEN 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

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