	se print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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Note: DO NO	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
annu	Division of Corporations Fax Number : (850)617-6381 Account Name : LAZAROS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 The email address for this business entity to be used for future of the second
	FLORIDA PROFIT/NON PROFIT CORPORATION MV REHAB CARE INC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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H120002578 18 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:

REMAD CARE INC.

Miami

ARTICLE II - PRINCIPAL OFFICE

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

6703 SW 25 ST.

33155

ARTICLE III - SHARES

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

100

<u>ARTICLES IV - INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the initial registered agent is:

Manuel Valdes 6703 SW 25 ST. 33155 Miami

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#7400 P 003/003 09/08/2030 05:58 FILED 12 OCT 25 AN 8:45 H120002578 18 派印度局部 (家乡陆语 ARTICLE V - INCORPORATOR The name and address of the incorporator to these Articles of Incorporation is: Val Manuel -des 03 SW ST. 33155 liami The undersigned incorporator has executed these Articles of Incorporation this 25^{m} day of $0CTOB = 12^{-20}$ ionature ARTICLE VI- DIRECTOR (S) The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Manuel Valdes 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

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