(((1130000945903)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Resil	Address:	,

FLORIDA PROFITINON PROFIT CORPORATION ACTIVE REHAB GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MOLIVEGUEED SO HOLDING

H 30000g4590 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:

Active Rehab Group, Inc.

APR 26 PM 1:21

ARTICLE II PRINCIPAL OFFICE

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

10970 SW 43 terr. Miami, 71 33165

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Roberto F. Sabater 10970 SW 43 Terr. Mlami Fl 33165

H130 0084580

#1B000004590 The name and address of the incorporator to these Articles of Incorporation i The undersigned incorporator has executed these Articles of Incorporation this day of 🔻 ک)2 ARTICIE VI- DIRECTOR (S)

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

Roberto F. Sabater (P)

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