

AUG/27/2014/WED 10:22 AM

8/27/2014

FAX To.

P. 001/003

PH 000071943

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RODRIGUEZ REHABILITATION SERVICES, INC.

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

AUG/27/2014/WED 10:38 AM

FAX No.

P. 002/003

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: RODRIGUEZ REHABILITATION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2270 SW 8TH STREET
STE: 305
MIAMI, FL 33125

Mailing address, if different is:

2270 SW 8TH STREET
STE: 305
MIAMI, FL 33125

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P)VICTOR MANUEL RODRIGUEZ LEAL

Address: 2270 SW 8TH STREET
STE: 305
MIAMI, FL 33125

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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P. 003/003

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VICTOR MANUEL RODRIGUEZ LEAL

Address: 2270 SW 8TH STREET STE: 305
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR MANUEL RODRIGUEZ LEAL

Address: 2270 SW 8TH STREET STE: 305
MIAMI, FL 33125

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08/26/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08/26/2014

Date

14 AUG 27 AM 7:40
STATE
TALLAHASSEE, FLORIDA