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To:

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Enail	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION MARTINEZ QUALITY HEALTH & REHABILITATION, INC.

Certificate of Status	0
Certified Copy	1
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#1583 P.002/003

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

THE PARTY IN THE PARTY OF THE CASPOSAGON IN	
noutriez Quality Health & Rehabilite	thon, in
ARTICLE II PRINCIPAL OFFICE:	,
The principal street address and mailing address is:	是是一个
6840 SW 14th Street	SEP
Miami f1. 33144	_ 500 5
	PA
ARTICLE III SHARES: The number of shares of stock is: \\00	STATE
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	<u>.</u>
Natalie Martinez (President)	
	<u>-</u>
	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD	RESS:
The name and Florida street address (PO Box not acceptable) of the registered	l agent is:
WOLD SW ATT STYCCT	
Mani F1. 3344-	
NATALIE MARTINEZ	
ARTICLE VI INCORPORATOR: The name and address of the Incorp	orator is:
Natalia Martinez	
18040 SW 4th Street	
1110,001 K1 521A1-	

## Required Signatures:

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

Modelio Monta e Registered Agent

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.

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