

Division of Corporations
Electronic Filing Cover Sheet

PH00073989

Note: Please print this page and use it as a cover sheet for the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000209180 3)))



H140002091803ABCE

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,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

RECEIVED
FALL AHA/SSF IN FLORIDA
14 SEP -5 PM 12:45
FILED

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
MARTINEZ QUALITY HEALTH & REHABILITATION, INC.**

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

RECEIVED
FALL AHA/SSF IN FLORIDA
14 SEP -5 PM 4:16
RT-000000

MD 9/8

H14000209180

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

Martinez Quality Health & Rehabilitation, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6840 SW 14th Street
Miami Fl. 33144

FILED
14 SEP - 5 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Natalie Martinez (President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

6840 SW 14th Street
Miami Fl. 33144
NATALIE MARTINEZ

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Natalie Martinez
6840 SW 14th Street
Miami Fl. 33144

H14000209180

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

Natalie Martinez
Registered Agent _____ 9/5/14
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.

Natalie Martinez
Incorporator _____ 9/5/14
Date

FILED
14 SEP -5 PM 12:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA