

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H140002208173)))



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To:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
JNJ MEDICAL REHAB INC.

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

APPROVAL
AND
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14 SEP 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME: The name of the corporation is:

JNJ MEDICAL REHAB INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

943 S.W. 122 AVE
MIAMI FL 33184

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ROBIEL RODRIGUEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ROBIEL RODRIGUEZ
943 SW 122 AVE
MIAMI FL 33184

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

ROBIEL RODRIGUEZ
943 SW 122 AVE
MIAMI FL 33184

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07/31/2032 04:52

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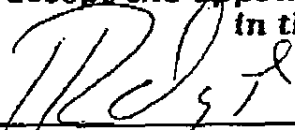
14 SEP 19 PM 12:40

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Registered Agent

9/19/14

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.



Incorporator

9/19/14

Date

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