

01/15/2033 05:37

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000058038 3)))



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To:

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

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Phone : (305)552-5973
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MUFASA REHABILITATION CENTER INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -6 AM 7:24

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -6 PM 4:01

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

H15000058038

ARTICLE I NAME: The name of the corporation is:

Mufasa Rehabilitation Center inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4355 W 16th AVE STE 206B

Hialeah FL 33012

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Alianny Delgado Castillo. (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Alianny Delgado Castillo
4355 W 16th AVE Suite 206B
Hialeah FL 33012

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

Alianny Delgado Castillo
4355 W 16th AVE Suite 206 B
Hialeah FL 33012

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01/15/2033 05:58

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#0357 P.003/003

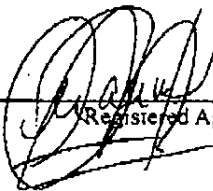
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SECRETARY OF STATE
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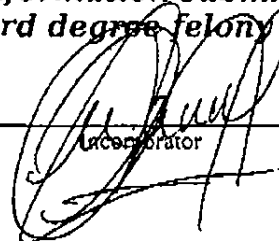
Required Signatures:

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 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 Date

H15000058038