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

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To:						25 (2) 27 (2)	330
	Division of C	orpor	ations		1	$\Xi_{\overline{a}}$	(,)
	Fax Number	; (	850)617-6381		İ	SS	
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From:							盖
	Account Name	: L	AZARUS CORPORA	TE FILING SE	RVICE,		ထ္
	Account Numbe					<b>23</b>	<u>ن</u>
	Phone		305)552-5973		1	Öñ	တ်
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## FLORIDA PROFIT/NON PROFIT CORPORATION SUNSHINE REHAB INC

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

Corporate Filing Menu

Help

DEC 2 2015

S. GILBERT

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	<b>州175000284022</b>
ARTICLE I NAME: The name of the corporation is:  SONSHING ΩΘΗΑΒ INC	
The principal street address and mailing address is:	15 DEC -1 AM 9: 55
ARTICLE III SHARES: The number of shares of stock is:	<b>X</b>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE  Alberto Rodriguez Voldes	Rs: P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET A  The name and Florida street address (PO Box not acceptable) of the regist  Alberto Rodriguez Valdes  917 Sw 97 Ave Miami	rered agent is:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator: The n	<b>i</b> .
#	15000284022

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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

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