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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BUTTERFLY REHABILITATION CENTER INC**

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

RECEIVED

16 APR 26 PM 4:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 APR 26 PM 2:39

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Corporate Filing Menu

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4/27/16

ARTICLES OF INCORPORATION H16000103210

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

16 APR 26 PM 2:39

ARTICLE I NAME: The name of the corporation is:BUTTERFLY Rehabilitation CENTER
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5040 NW 7 STREET
SUITE N° 412
MIAMI FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CLARI Sanchez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

CLARI SANCHEZ
5040 NW 7 Street Suite 412
Miami FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CLARI SANCHEZ
5040 NW 7 St. Suite 412
Miami FL 33126

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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

* Clari Sanchez 04/26/16
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.

* Clari Sanchez 04/26/16
Incorporator Date

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