

07/07/2007 15:30

3052201440

LAZARUS

PAGE 01/03

P160000056183

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000164314 3)))



H160001643143ABC-

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

****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
NEW GENERATION REHABILITATION CENTER INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
16 JUL -7 PM 4:50
TALLAHASSEE, FLORIDA

RECEIVED
16 JUL -7 PM 4:46
TALLAHASSEE, FLORIDA

07-07-16

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

H160001643 T4

ARTICLE I NAME: The name of the corporation is:

New Generation Rehabilitation center Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7805 Sw 24 St
Suite 105
Miami Florida 33155

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Bryan Abreu (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -7 PM 4:50

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Bryan Abreu
8981 Sw 122 PL Apt #1012
Miami FL 33186

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

Bryan Abreu
8981 Sw 122 PL Apt #1012
Miami FL 33186

H160001643 T4

07/07/2016 15:30

3052201440

LAZARUS

PAGE 03/03

H160001643 10

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

Bryan Abreu
Registered Agent

07/07/2016
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.

Bryan Abreu
Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -7 PM 1:59

FILED

H160001643 10