

07/27/2016 13:53

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LAZARUS

PAGE 01/03

Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000180627 3)))



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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
ROSE REHABILITATION CENTER INC.

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

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Corporate Filing Menu

Help

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

H16000180627

ARTICLE I NAME: The name of the corporation is:

ROSE Rehabilitation CENTER INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

941-A SW 87th AVE

MIAMI FL 33174

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ANA R. HUMARAN (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ANA R. HUMARAN

941-A SW 87th AVE

MIAMI FL 33174

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

ANA R. HUMARAN

941-A SW 87th AVE

MIAMI FL 33174

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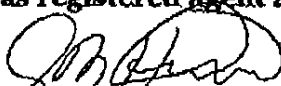
LAZARUS

PAGE 03/03

H16000180627

Required Signatures:

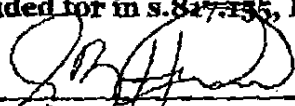
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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. 817.135, F.S.



Incorporator

Date

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