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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
NAVARRO MEDICAL & REHAB CENTER, INC.

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

17 APR -6 PM 4:55  
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TREASURY OF STATE  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

**Navarro Medical & Rehab Center, INC.**

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

**3122 SW 134<sup>th</sup> CT. Miami, FL. 33175**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

**President, Kaarina R. Hernandez**

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

**Kaarina R. Hernandez  
3122 SW 134<sup>th</sup> CT. Miami, FL. 33175**

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

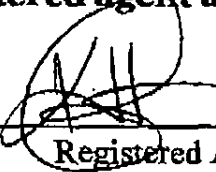
**Kaarina R. Hernandez  
3122 SW 134<sup>th</sup> CT. Miami, FL. 33175**

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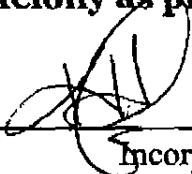
**Required Signatures:**

**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

4/5/17  
\_\_\_\_\_  
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

4/5/17  
\_\_\_\_\_  
Date

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