

P17000039106

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
SUNRISE REHABILITATION CENTER INC**

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

17 MAY -1 PM 4:42

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
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M. MOON

MAY 01 2017

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

The principal street address and mailing address is:

1050 NW 44TH AVE APT 113
MIAMI, FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ROBAINA, MANUEL F (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

MANUEL F ROBAINA
1050 NW 44TH AVE APT 113
MIAMI FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MANUEL F ROBAINA
1050 NW 44TH AVE APT 113
MIAMI FL 33126

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05/01/2017 15:34

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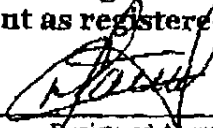
LAZARUS

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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

05-01-2017

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

05/01/2017

Date

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