

**PA7000039108**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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Division of Corporations  
Fax Number : (850)617-6381

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**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GENESIS REHABILITATION INC**

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

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MAY 02 2017

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 507 (Profit)

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

The principal street address and mailing address is:

330 SW 27 Ave Suite 706  
Miami FL 33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Roberto Prieto Cruz (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ROBERTO PRIETO CRUZ330 SW 27 AVE SUITE 706  
MIAMI FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ROBERTO PRIETO CRUZ330 SW 27 AVE SUITE 706  
MIAMI FL 33135

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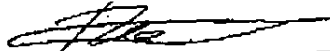
**Required Signatures:**

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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.817.155, F.S.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
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