

# 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.

((H17000187938 3)))



H170001879383ABCB

**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 GRB MEDICAL CENTER AND THERAPY CORP.

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

RECEIVED

17 JUL 18 PM 4:55

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

18 JUL 18 PM 8:46

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 19 2017

T. SCOTT

H17000187938

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Grb medical Center and Therapy Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

900 West 49st Suite 312Hialeah, FL 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Adrian Milian Fernandez Trevejo (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ADRIAN MILIAN FERNANDEZ TREVEJO900 WEST 49 ST SUITE 312HIALEAH FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ADRIAN MILIAN FERNANDEZ TREVEJO900 W 49 ST STE 312Hialeah FL 33012

H17000187938

FILED  
AND  
RECORDED  
18 AM 8:46  
CLERK  
FLORIDA

H17000187938

**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 Agent07/18/17  
\_\_\_\_\_  
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 §.817.155, F.S.

  
\_\_\_\_\_  
Incorporator07/18/17  
\_\_\_\_\_  
Date

H17000187938