

**ANOWW 70315**

Florida Department of State  
Division of Corporation  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ARLISS MEDICAL & REHAB CENTER CORP**

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

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

ArLiss Medical & Rehab Center Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8080 W Flagler ST Suite 3-A  
MIAMI FL 33144

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

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

LISSESKA Alvarez (P)

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

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

LISSESKA Alvarez  
8080 W Flagler ST  
suite 3-A Miami FL 33144

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

Lislesska Alvarez  
8080 W Flagler ST  
suite 3-A Miami FL 33144

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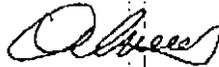
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**Required Signatures:**

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

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

Date

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