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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
BEST WELLNESS REHAB CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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N. SAMS

JUN 22 2018

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Corporate Filing Menu

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2ND REQUEST

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Best Wellness Rehab Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3501 NW 12 TR.Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pedro Luis Perez(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Pedro Luis Perez3501 NW 12 TRMiami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pedro Luis Perez3501 NW 12 TRMiami FL 33125

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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

David C. [Signature]
Registered Agent / Incorporator

6/18/18
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

18 JUN 21 PM 3:18
DAVID C. [Signature]
FLORIDA

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