

**Electronic Articles of Incorporation  
For**

P18000084275  
FILED  
October 08, 2018  
Sec. Of State  
ndmccleessam

GOOD CARE REHAB & WELLNESS INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

GOOD CARE REHAB & WELLNESS INC

**Article II**

The principal place of business address:

8809 COMMODITY CIRCLE  
STE 3  
ORLANDO, FL. 32819

The mailing address of the corporation is:

8809 COMMODITY CIRCLE  
STE 3  
ORLANDO, FL. 32819

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1

**Article V**

The name and Florida street address of the registered agent is:

SIMONETTE LOUIS  
885 NORTH POWERS DR  
STE B  
ORLANDO, FL, FL. 32818

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SIMONETTE LOUIS

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## **Article VI**

The name and address of the incorporator is:

SIMONETTE LOUIS  
885 NORTH POWERS DR  
STE B  
ORLANDO ,FL 32818

Electronic Signature of Incorporator: SIMONETTE LOUIS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
SIMONETTE LOUIS  
885 NORTH POWERS DR STE B  
ORLANDO, FL. 32818

## **Article VIII**

The effective date for this corporation shall be:

10/03/2018