

P18000100879

Florida Department of State
Division of Corporations
Electronic Filing Cover

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.

((H18000354091 3)))



H180003540913ABC

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
SUNSET REHAB CENTER INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

18 DEC 13 AM 11:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, REGISTRATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

01-01-2019

ARTICLE I NAME: The name of the corporation is:Sunset Rehab center inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

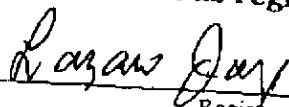
10300 SW Sunset DriveMiami, Florida 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lazaro Jaime Jorge (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lazaro Jaime Jorge.10300 SW SUNSET DRIVEMIAMI FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LAZARO JAIME JORGE10300 SW SUNSET DRIVEMIAMI FL 3317318 DEC 13 AM 11:58
DIVISION OF CO. REGISTRATION
SECRETARY OF STATE

Required Signatures:

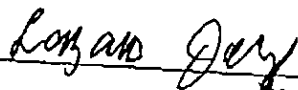
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
18 DEC 13 AM 11:58