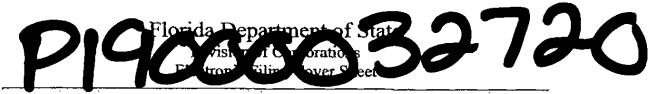
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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:				
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FLORIDA PROFIT/NON PROFIT CORPORATION RECOVERY CARE MEDICAL CENTERS, INC

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

SECRETARY L	2019 APR 18
OF STATE	AH 8: 46

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APR 1 9 2019

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)	SECRE TALL AH	2019 APR
Pacovery Care Medica Centers, Inc. ARTICLE II PRINCIPAL OFFICE:	TARY OF STATE	R 18 AH 8: 46
The principal street address and mailing address is: 230 M.W. 87 Ave Apt - T Wigner 1 1 33172	_21 	2
ARTICLE III SHARES: The number of shares of stock is: /OO		
Daniel Antonio Rego (VP)	S:	~ ~
		• •
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address (PO Box not acceptable) of the registered Dougi Gove 230 N.W. 87 Ave Apt — I — 212 Wigwi, FL 33172	agent is	3:
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	ator is:	
230 NW 87 Ave Apt- I-212 Miami FL 33172		

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

04-18-2019 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

04-18-2019