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FLORIDA PROFIT/NON PROFIT CORPORATION REHAB CENTER AG INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

REHAB CENTER AG INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1250 SW 27 AVE
MIAMS FL 33035
<u>#506</u>
ARTICLE III SHARES; The number of shares of stock is:/OO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
RUBEN OSNIEL GARCIA MARTINEZ (P)
19
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
RUBEN OSNIEL GARRIA MARTINEZ
1230 SW 27 AVE #506
MIAMIFL 33035
ARTICLE VI INCORPORATOR, The
The name and address of the Incorporator is:
RUBEN OSNIEL GARUN MARTINEZ
1250 SW 27 AVE # 506 MIAMI FL 33035
- 1111 DIVIL FC 3-031

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 4/24/19

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 4/24/19
Date

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