Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP

Account Number : 120140000109 Phone : (786)316-5772

Fax Number : (786)549-5991

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 BEST MEDICAL REHAB INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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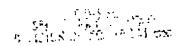
19 JUN 28 AM II: 39

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: BEST	T MEDICAL REHAB INC		
501012C1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation an	d a check for:
₩:\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: _	ORELBIS RODRIGUEZ SANTI Nam	c (Printed or typed)	
<u>.</u>	5815 SW 107 PI.		
		Address	
1	MIÀMI, FL 33173		
-	City	, State & Zip	
3	305-986-0026		
_	Daytime	Telephone-number	
y	udeisymel@gmail.com		
_	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pass) 28

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CLE II PRIN	CIPAL OFFICE Principal street address		Mailing address, if different is:
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MI, FL 33173			
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			19 JUN 28 RM II: 48
Name and Title:		Name and Title:	
Addre	ess	Address:	
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	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	a) of the registered agent is:	
Name:	ORELBIS RODRIGUEZ SANTI	ey of the registered agent is.	
Address:	5815 SW 107 PL		
	MIAMI, Fİ. 33173		
	INCORPORATOR		
Inc name and	address of the Incorporator is:		
Name:	ORELBIS RODRIGUEZ SANTI		
Address:	5815 SW 107 PL		
	MIAMI, FL 33173		
ARTICLE VII.	EFFECTIVE DATE: 06/24/2019	OPTIO	MAIN
(II an effective	if other than the date of filing: the date is listed, the date must be specific and ca	nņot be more than five da	NAL) sys prior or 90 days after the
filing.)			
	ate inserted in this block does not meet the applicate effective date on the Department of State's recon-		ments, this date will not be listed as
Having been n this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	cess for the above stated co s registered agent and agre	orporation at the place designated in e to act in this capacity
	A Comment of the Comm		06/24/2019
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein		
document to th	e Department of State constitutes a third degree f	elony as provided for in s.8	17.155, F.S.
	1/1/19		06/24/2019
Rec	quired Signature incorporator		Date