

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RPM REHAB SERVICE INC**

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

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AUG 20 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BPM Rehab Service Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2727 NW 17th Ave apt 206
Miami FL 33125

mtani H 33/25

ARTICLE III. SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Roxana Patel Martinez (P)

ALLIANCE

19 AUG 19 4:19:21

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Roxana Perez Martinez

2727 NW 17 terrace apt 206

miurni Fl 33/25

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Roxana Perce Martine

2727 new 17 terrace apt 206

miami fl 33125

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

Roxana Perez Martinez 8/16/19
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 §.817.135, F.S.

Roxana Perez Martinez 8/16/19
Incorporator Date

FILED

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