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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20110000067

Phone : (786)362-0124

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION  
FINE THERAPY AND REHAB CENTER CORP

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

**ARTICLE I NAME**The name of the corporation shall be: FINE THERAPY AND REHAB CENTER CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

7238 SW 94TH PL. # D5MIAMI, FL 33173**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PD RODRIGUEZ, JULIE

Name and Title: \_\_\_\_\_

Address

7238 SW 94TH PL. # D5

Address: \_\_\_\_\_

MIAMI, FL 33173

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RODRIGUEZ, Julie  
Address: 7238 SW 94<sup>TH</sup> PL. #D5  
Miami FL 33173

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: RODRIGUEZ, Julie  
Address: 7238 SW 94<sup>TH</sup> PL. #D5  
Miami FL 33173

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/26/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
Date 11-26-19

*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.*

\_\_\_\_\_  
Required Signature/Incorporator  
Date 11-26-19