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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: _____

K. PAGE

MAY 18 2020

**FLORIDA PROFIT/NON PROFIT CORPORATION
MENTAL THERAPY REHABILITATIONS, CORP.**

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

2020 MAY 15 PM 2:05

STATE OF FLORIDA
TALLAHASSEE, FL
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MENTAL therapy Rehabilitations, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

360 NE 33 terr

Homestead, FL

33033

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Miguel Rodriguez Fernandez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

360 NE 33 TERR

Homestead FL 33033

MIGUEL RODRIGUEZ FERNANDEZ

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

MIGUEL RODRIGUEZ FERNANDEZ

360 NE 33 TERR

HOMESTEAD FL 33033

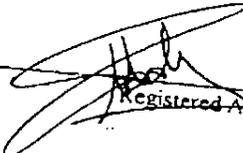
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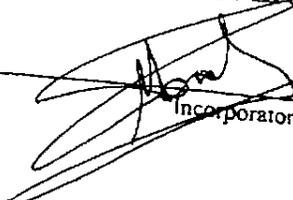
Required Signatures:

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 _____ 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 _____ Date

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TALLAHASSEE, FL