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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
NEW BEGINNINGS MEDICAL AND REHABILITATION CENTER
INC**

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

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AUG 25 2020

20 AUG 25 PM 3:09

2020 AUG 25 PM 1:00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:New beginnings medical and rehabilitation center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13501 SW 128 ST unit 201/202 Miami Florida
33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Danielis Del Pino Diaz (P)

_____20110525 PM 3:09
CLERK
STATE OF FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

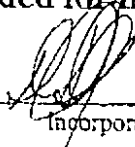
Danielis Del Pino Diaz
3891 SW 143 Ave Miami FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Danielis Del Pino Diaz
3891 SW 143 Ave Miami FL 33175

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