

P20000084258

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FEDERAL REHAB CENTER INC.**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Federal Rehab Center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2727 SW 139 Ave Suite # 117
MIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Robiel Rodriguez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

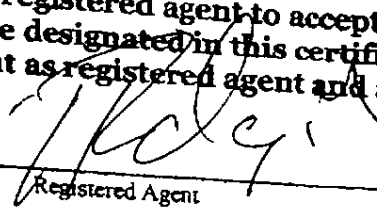
ROBIEL RODRIGUEZ
2727 SW 139 Ave Suite 117
MIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Robiel Rodriguez
2727 SW 139 Ave Suite 117
MIAMI FL 33175

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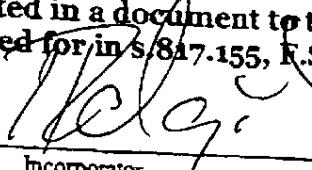
Required Signatures:

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 § 817.155, F.S.



Incorporator_____
Date

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