

05/01/2021

305 0142

LAZARUS CORPORATE

03

**P210000038866****Florida Department of State**

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000174768 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**OPTIMAL HEALTH REHABILITATION CENTER INC**

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

2021 APR 30 PM 4:02

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
DIVISION OF CORPORATIONS  
21 APR 30 AM 8:07

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Optimal Health Rehabilitation Center INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

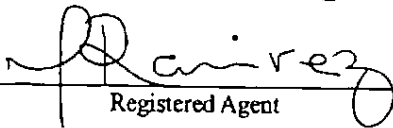
7851 NW 46th STDoral, FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Melgy Claudia Ramirez - PresidentAna Maria Garzon Vargas - Vice PresidentMaria De Los Angeles - Treasurer**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

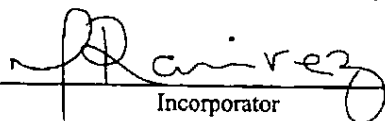
Melgy Claudia Ramirez7851 NW 46th STDoral, FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Melgy Claudia Ramirez7851 NW 46th STDoral, FL 33166

**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 \_\_\_\_\_