

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P2100040704**

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
HEALING REHABILITATION CENTER CORP.**

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

2021 MAY -5 PM 4:50

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:HEALING REHABILITATION CENTER CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14411 COMMERCE WAY SUITE 206MIAMI LAKES, FL 33016**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**NIUSKY SOTOMAYOR | PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

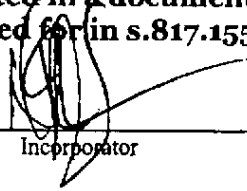
14411 COMMERCE WAY SUITE 206MIAMI LAKES, FL 33016NIUSKY SOTOMAYOR**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NIUSKY SOTOMAYOR14411 Commerce way Suite 206MIAMI LAKES FL 33016

**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

NIUSKY SOTOMAYOR  5/3/2021  
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.

 5/3/2021  
Incorporator Date