

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.

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From:			c- ·
	Account Name Account Number Phone	: LAZARUS CORPORATE FILING SERVICE, INC. : I20000000019 : (305)552-5973	8: 32 18:32 18:32
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FLORIDA PROFIT/NON PROFIT CORPORATION ARTEMISA REHAB CENTER CORP

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

535

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
Artemisa Rehab Center Curp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Miani, FL 33186
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ASSET TO THE STATE OF TH
- <u>- 『</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Julio Acosta Perez
13155 Sw 134 St Suite 221
Miam: F1 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
JUNIO ACOSTA Perez
13155 Sw 134 St Svite 22
Miami F1 33186

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

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