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**FLORIDA PROFIT/NON PROFIT CORPORATION**
**AMETHYST REHABILITATION CENTER INC**

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

# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME:** The name of the corporation is:

Amethyst Rehabilitation Center Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8100 west flagler st Ste 200
33144 Miami FL

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Elias Caises Maurino (P)

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Elias Caises Maurino
8100 West Flagler ST Ste 200
Miami FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Elias Caises Maurino
8100 West Flagler St Ste 200
Miami FL 33144

**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: 06/22/21

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: 6/22/21

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