

# P21000058733

Florida Department of State  
Division of Corporations  
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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:Amethest 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 Paisa Maurino (P)

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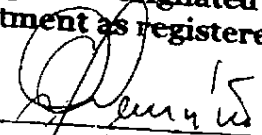
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Elias Paisa Maurino  
8100 West Flagler St Ste 200  
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Elias Paisa 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

06/22/21  
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

06/22/21  
Date

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