P21000063135

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.

(((H21000264190 3)))

H21000264190 3ABCZ

**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

FILED
21 JUL -8 PM 12:43

**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**
**PHOENIX MEDICAL REHAB INC**

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

FILED
2021 JUL -8 PM 2:54

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE
JUL 09 2021

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Phoenix Medical rehab inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2711 SW 137 AVE
Suite 97A Miami, FL 33175

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

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

2711 SW 137 AVE
SUITE 97A Miami, FL 33175

LEYANIS TAMAYO (P)

21 JUL -8 PM 12:43

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

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

Leyanis Tamayo
2711 Sw 137 Ave
Suite 97A miami Fl 33175

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

Leyanis Tamayo
2711 Sw 137 Ave
Suite 97A miami Fl 33175

**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

21 JUL -8 PM 12:43