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Florida Department of State
Division of Corporations
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P
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
REIKA REHABILITATION CENTER CORP.**

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 12 PM 10:24

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2021-10-12 PM 4:37

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

ARTICLE I NAME: The name of the corporation is:

Reika Rehabilitation Center Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13155 SW 134 ST Suite 221 D

Miami, FL, 33186

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Julio Acosta Perez (P)

SECRETARY
TALLA/INCORP

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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:

Julio Acosta Perez

13155 SW 134 ST Suite 221 D

Miami, FL, 33186

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

Julio Acosta Perez

13155 SW 134 ST Suite 221 D

Miami, FL, 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

_____
Registered Agent

07/12/2021

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

07/12/2021

Date

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