

**P2 1000099315**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 WELLNESS PAIN REHABILITATION CENTER INC.**

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

**T. SCOTT  
 NOV 24 2021**

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### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Wellness Pain Rehabilitation Center  
INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8100 West Flagler St.  
Ste 200 Miami, FL  
33144

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

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

Emanuel Martinez (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOV 23 AM 8:53

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

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


Emanuel Martinez  
8100 WEST FLAGLER ST. STE 200  
MIAMI FL 33144

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

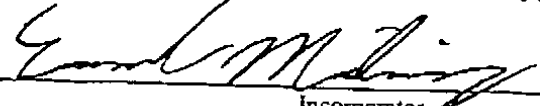
Emanuel Martinez  
8100 West Flagler St. Ste 200  
Miami FL 33144

**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

      11/19/21  
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.

      11/19/21  
Incorporator      Date

