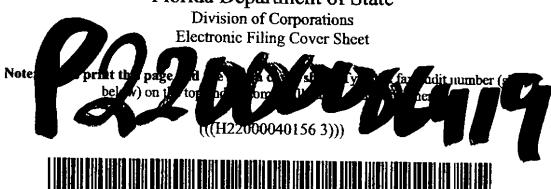
Florida Department of State



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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122 JAN 31 PM 1:5

FLORIDA PROFIT/NON PROFIT CORPORATION ERA MEDICAL AND REHAB CENTER INC

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

T. SCOTT

FEB 0 1 2022

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

- ARTICLE I NAME: The name of the corporation is:		
ERA Medical AND REHAB CENTER INC		
- ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 175 FONTAINE BIVD. Suite IRUA MIAMI FL 33177		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER:		
Z2 JAR 3		
The state of the s		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is: 175 Fon Faine bleau Blvd Svite 126. A		
Miayi A 33172 LISUR VEITIA		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LISUR VEITIA 175 Fontainebleau BIVD. StelRGA		
MIAMI FL 33172		

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.817 135, F.S.

Incorporator