

P2000031760

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.

(((H22000152733 3)))



H22000152733ABCZ

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

****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
OPAL REHABILITATION CENTER CORP**

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

RECEIVED
2022 APR 28 PM 3:25
CORPORATIONS
COMMERCIAL
SERVICES

2022 APR 28 AM 8:50
FILED
STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Opal Rehabilitation Center Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

931 A SW 87 Ave

Miami FL 33174

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Eugenio Alcides Hernandez

(P)

2022 APR 29 AM 8:50
FILED
STATE

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Eugenio Alcides Hernandez

931 A SW 87 Ave.

Miami, FL 33174

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

Eugenio Alcides Hernandez

931 A SW 87 Ave, Miami, FL 33174

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

EUGENIO ALCIDES HERNANDEZ

4/24/22

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 §.817.155, F.S.

Incorporator

Date

4/26/22

FILED

2022 APR 28 AM 8:50

STATE DEPT OF STATE
CORPORATION DIVISION