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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**369 MEDICAL REHAB CENTER INC**

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:369 Medical ReHab center inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

951 SW 122 AveMIAMI FL 33184**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Robiel Rodriguez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Robiel Rodriguez951 SW 122 AveMIAMI FL 33184FILED  
MAR 20 2023  
STATE OF FLORIDA

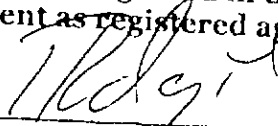
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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Robiel Rodriguez951 SW 122 AveMIAMI FL 33184

**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

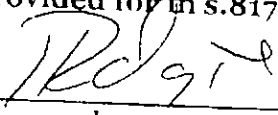


Registered Agent

03/20/23

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

03/20/23

Date

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