11/15/23, 2:15 PM

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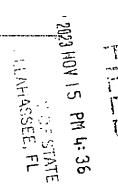
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FLORIDA PROFIT/NON PROFIT CORPORATION REHAB PROVIDERS INC

Certificate of Status	0
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T. MATTHEWS

Electronic Filing Menu Corporate Filing Menu

Help NOV 16 2023

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- 2023 NOV 15 PM 4: 36

ARTICLES OF INCORPORATION

in compilence with Chapter 607 an	• • • •
ARTICLE I NAME The name of the corporation shall be: REHAB PROVIDER	Y C IS INC Effective date: 01 01/2024 ASS
ARTICLE II PRINCIPAL OFFICE	
Principal atreet address 3948 N.E. 169 STREET #306	Mailing address, if different is:
North Miami Beach, FL 33160	
ARTICLE JII PURPOSE The purpose for which the corporation is organized is: All le	awful business allowed in the state of Florida
ARTICLE IV SHARES The number of shares of stock is: 100 shares @ \$1 par value ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	DRS
Name and Title: William Marquez, Pres Address: 3948 N.E. 169 Street #306	Name and Title:Address:
North Miami Beach, Fl 33160	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) Name: William Marquez, Pres	of the registered agent is:
Address: 3948 N.E. 169 Street #306	-
North Miami Beach, Fl 33160	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Nume: William Marquez, Pres Address: 3948 N.E. 169 Street #306	_
- North-Miami-Beach, Fl 33160	
Having been named as registered agent to accept service of proces his certificate I am familiar with and accept the appointment as re	
* (den	11/14/2023
Required Signature/Registered Agent	Date
I subinit this document and affirm that the facts stated herein are locument to the Depuriment of State constitutes a third degree felo	
1 (1.	11/14/2023
Required Signature/Incorporator	Date

To: Page: 1 of 3 2023-11-15 13:24:52 CST 16084686336 From: Colin Kenitz

FAX COVER SHEET

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TO	
COMPANY	
FAX NUMBER	18506176381
FROM	Colin Kenitz
DATÉ	2023-11-15 13:24:38 CST
RE	SS UPHOLSTERY ART & SUPPLIES Corp. filing
submission	

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