

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES**FLORIDA PROFIT/NON PROFIT CORPORATION  
REVITALIZE CARE CENTER INC**

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

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DIVISION OF CORPORATIONS  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:REVITALIZE CARE CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3383 NW 7<sup>th</sup> Street - 102  
MIAMI FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ARIADNA DORTA (P)3383 NW 7<sup>th</sup> Street - 102  
MIAMI FL 33125**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

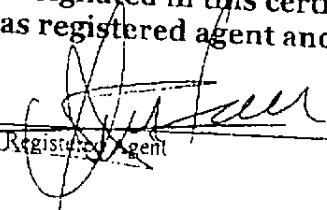
The name and Florida street address (PO Box not acceptable) of the registered agent is:

ARIADNA DORTA  
3383 NW 7<sup>th</sup> Street - 102  
MIAMI FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ARIADNA DORTA  
3383 NW 7<sup>th</sup> Street 102  
MIAMI FL 33125FILED  
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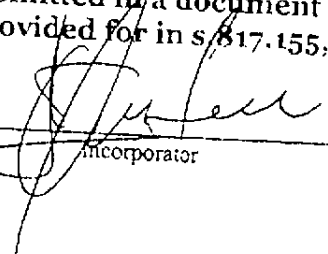
EIN: 99-4096378

**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      7/22/24  
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      7/22/24  
Date