

Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 NEW ERA REHAB CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEW ERA REHAB CENTER INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5225 EHRlich RD SUITE FTampa, FL 33624ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Etien Ronda Acosta-Pres.

Name and Title: _____

Address: 5225 EHRlich RD SUITE F Address: _____Tampa, FL 33624

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Etien Ronda Acosta
Address: 5225 EHRLICH RD SUITE F
Tampa, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Etien Ronda Acosta
Address: 5225 EHRLICH RD SUITE F
Tampa, FL 33624

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X [Signature]
Required Signature/Registered Agent

01-09-25
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.

X [Signature]
Required Signature/Incorporator

01-09-25
Date