

P23000005188
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
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****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
EVOLUTION REHABILITATION CENTER INC

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

3 F114:18
 2023

ARTICLES OF INCORPORATION
in compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EVOLUTION REHABILITATION CENTER INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

25 SE 2ND AVE STE 550 PMB 1070

MIAMI FLORIDA 33131

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MIGUEL ALFREDO MUNIZ DELGADO (p)

25 SE 2ND AVE STE 550 PMB 1070

MIAMI FLORIDA 33131

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MIGUEL ALFREDO DELGADO MUNIZ

25 SE 2ND AVE STE 550 PMB 1070

MIAMI FLORIDA 33131

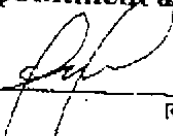
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MIGUEL ALFREDO DELGADO MUNIZ

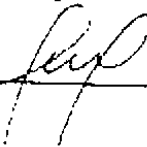
25 SE 2ND AVE STE 550 PMB 1070 MIAMI FL 33131

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	<u>07-20-2023</u> Date
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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	<u>07-20-2023</u> Date
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