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(Address)

(Address)

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(Business Entity Name)

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4-29

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: A-1 Rehab Staffing Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee  
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Craig L. Storch

Name (Printed or typed)

200 Knuth Road Suite 150

Address

Boynton Beach, Florida 33436

City, State & Zip

561-737-7776

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:  
A-1 Rehab Staffing Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
200 Knuth Road Suite 150  
Boynton Beach, Florida 33436

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:  
1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

President: Craig L. Storch 200 Knuth Road Suite 150 Boynton Beach, Florida 33436	Secretary/Treasurer: Eileen Storch 200 Knuth Road Suite 150 Boynton Beach, Florida 33436
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Craig L. Storch  
3030 Saint James Drive  
Boca Raton, Florida 33434

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

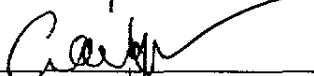
Craig L. Storch  
3030 Saint James Drive  
Boca Raton, Florida 33434

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*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*

  
\_\_\_\_\_  
Signature/Registered Agent

3/18/04  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
Craig L. Storch

3/18/04  
Date

FILED  
04 MAR 22 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA