

P11000036266

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000096774 3)))



H110000967743ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
MOUNTAIN VIEW HEALTH AND REHAB CENTER, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

K 04/14/11

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
11 APR 13 AM 10:40
DIVISION OF CORPORATIONS

FILED
11 APR 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000096774

ARTICLES OF INCORPORATION

OF

MOUNTAIN VIEW HEALTH AND REHAB CENTER, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 PM 1:19

FILED

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

MOUNTAIN VIEW HEALTH AND REHAB CENTER, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business*
- 2) Said corporation shall further have powers
To have perpetual succession by it's corporate*

Name

MOUNTAIN VIEW HEALTH AND REHAB CENTER, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in this article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

H11000096774

H11000096774

ARTICLE V

The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**JOSE ANGEL LAMBERT
2200 SW 82ND COURT
MIAMI, FLORIDA. 33155**

The principal office shall be:

**2200 SW 82ND COURT
MIRAMAR, FLORIDA. 33155**

ARTICLE VI

The initial Board of Directors shall consists of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

**JOSE ANGEL LAMBERT
2200 SW 82ND COURT
MIAMI, FLORIDA. 33155**

PRESIDENT

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:

**JOSE ANGEL LAMBERT
2200 SW 82ND COURT
MIAMI, FLORIDA. 33155**

100%

The name and address of the incorporator executing these Articles of incorporation is:

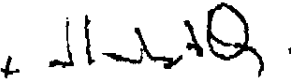
**JOSE ANGEL LAMBERT
2200 SW 82ND COURT
MIAMI, FLORIDA. 33155**

IN WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles of Incorporation this 12th day of April of 2011.-

H11000096774

FILED
11 APR 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000096774


Jose Angel Lambert
President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 PM 1:19

FILED

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

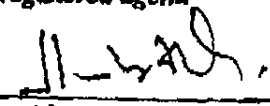
1. - The name of the Corporation is:

MOUNTAIN VIEW HEALTH AND REHAB CENTER, INC

2. - The name and address of the registered agent and office is:

**JOSE ANGEL LAMBERT
2200 SW 82ND COURT
MIAMI, FLORIDA. 33155**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: 

President

H11000096774