

P19 0000082540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

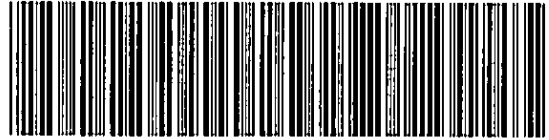
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/21/19--01042--016 **70.00

2019 OCT 21 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

NOV - 6 2019

October 4, 2019

Department of State
New Filing Section
Division of Corporations
P .O. Box 6327
Tallahassee, Florida 32314

Re: Gr Rehab Center Inc

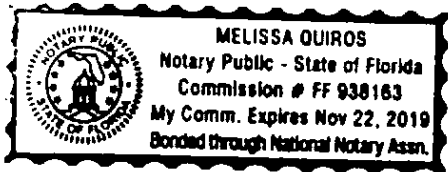
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


Leisy Correa Amador





COVER LETTER

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

SUBJECT: GR REHAB CENTER 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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: L M ACCOUNTING SERVICES INC

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

Please add tax ID # 47-3531489

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

ARTICLE I NAME GR REHAB CENTER INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7221 SW 24 STREET SUITE 210

7221 SW 24 STREET SUITE 210

MIAMI FLORIDA 33155

MIAMI FLORIDA 33155

ARTICLE III PURPOSE

ANY AND ALL LEGAL PURPOSES

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

100 @ \$1.00 EA

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEISY CORREA AMADOR, PRES Name and Title: _____

Address 7221 SW 24 STREET SUITE 210 Address: _____

MIAMI FLORIDA 33155 _____

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: LEISY CORREA AMADOR
 Address: 7221 SW 24 STREET SUITE 210
MIAMI FLORIDA 33155

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEISY CORREA AMADOR
 Address: 7221 SW 24 STREET SUITE 210
MIAM FLORIDA 33155

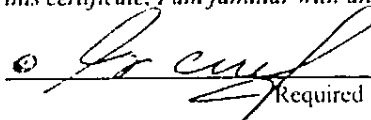
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/17/2019. (OPTIONAL)

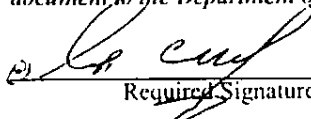
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 10/04/2019
 Required Signature/Registered Agent 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.

 10/04/2019
 Required Signature/Incorporator Date