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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. A.T.I. REHABILITATION CENTER OF FLORIDA  
(Corporation Name) (Document #)

2. INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

☐ Profit  
☒ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

ARTICLES OF INCORPORATION  
FOR

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TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

A.T.I. Rehabilitation Center  
Of Florida Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

8151 SW 178 St  
Miami, FL 33157

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

Drug & Alcohol Rehab

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By the By laws.

**ARTICLE V LIMITATION OF CORPORATE POWERS**

*The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

Yismel Soriano  
8151 SW 178 St  
Miami, FL 33157

**ARTICLE VII DIRECTORS** (must have the minimum of three directors): **NAME AND ADDRESS**

Yismel Soriano : Directors  
Jaclyn Soriano : Directors  
Ricardo I. Fernandez: Directors

**ARTICLE VIII INCORPORATOR**

*The name and street address of the incorporator for these Article of Incorporator is:*

Yismel Soriano  
8151 SW 178 St  
Miami, FL 33157

*The undersigned incorporator has executed these Articles of Incorporation this 14 day of October, 2005*

Yismel Soriano  
signature

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

A.T.I. Rehabilitation Center Of Florida Inc.  
(must include suffix)

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

Yismel Soriano  
(NAME)

8151 SW 178 St  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, FL 33157  
(CITY/STATE/ZIP)

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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*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 registered agent.*

Yismel Soriano  
(SIGNATURE)

10/14/05  
(DATE)