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2016 DEC 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
DEC 15 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

JANETTE FLORES
1520 N 40TH AVE
HOLLYWOOD, FL 33021

SUBJECT: REHAB SOLUTIONS OF SOUTH FLORIDA, INC.
Ref. Number: W16000073825

We have received your document for REHAB SOLUTIONS OF SOUTH FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 816A00023385

COVER LETTER

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

SUBJECT: Rehab Solutions of South Florida, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Janette Flores

Name (Printed or typed)

1520 N 40th Ave

Address

Hollywood, FL 33021

City, State & Zip

262-496-5454

Daytime Telephone number

rehabolutions@yahoo.com

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

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

The undersigned incorporator hereby forms a corporation under Chapter 617 of the laws of the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. CORPORATE NAME

The name of the corporation shall be:

REHAB SOLUTIONS OF SOUTH FLORIDA, INC.

ARTICLE II. PRINCIPAL OFFICE

The address of the principal office of this corporation shall be 1520 N 40th AVE., HOLLYWOOD, FL 33021, and the mailing address of the corporation shall be the same.

ARTICLE III. PURPOSE

Rehab Solutions of South Florida, Inc. is a not-for-profit corporation organized under Chapter 617, Florida Statutes. It is not organized for private gain of any person. The members shall not have a vested interest in the assets of the Corporation. Upon dissolution the Corporation must and will distribute all of its assets to one or more Section 501 (c)(3) organizations or governmental entities.

The specific purposes of this Corporation are the following:

Primary Purpose: The primary purpose of Rehab Solution of South Florida, Inc. will be to provide low- or no- cost assistive devices, rehab equipment, adaptive devices (i.e. walkers, canes, commodes, wheelchairs, hospital beds, hoier lifts, ramps, reachers, life alerts, GPS trackers, scooters, etc.) to individuals in need to aide in the continuation or progression of physical rehabilitation due to medical illness and/or injury. Often, individuals in the home setting struggle to receive the equipment needed for several factors, such as: denial of equipment from insurance providers, low income, lack of educational resources, inability to pay co-payment/co-insurance of equipment, poor documentation during acute hospitalization or inpatient rehabilitation, as well as several other factors. When this equipment is denied or delayed in being provided to these individuals they often suffer severe delays in their function, high risk for injury or falls, create an increased burden of care on family members or caretakers. Rehab Solutions of South Florida, Inc. will be able to safely and correctly provide needed

equipment to those in the community who are unable to independently gain these needed assistive devices or medical equipment due to, but not limited to, the following factors: financial burdens, incapacity, home-bound, and level of disability at a low- or no-cost. This will be a community service provided that is often overlooked by insurance companies, hospitals, doctors and treating therapists. Our mission will be to distribute necessary medical assistive devices to individuals in need to better their quality of life, safety, minimize burden of care and overall increase their success rate in their recovery.

Secondary Purpose: In addition to equipment as stated above, Rehab Solutions of South Florida, Inc. will provide Physical Therapy, Occupational Therapy and/or Speech and Language Therapy, nursing and respiratory therapy services to individuals in need at a low cost to offset the ever rising cost of health care in the local community. These therapy services will be provided at a low cost to individuals demonstrating a financial or physical need despite individual insurance coverage. Health insurance coverage may be an option for payment but not a limitation of services provided by the Physical Therapist, Occupational Therapist or Speech and Language Pathologists. Far too often, individuals in our community are denied therapy services due to a financial limitation or inability to provide proper care due to extent or severity of physical disabilities. Rehab Solutions of South Florida, Inc. will allow care to be given for these individuals on an as need basis.

Provided, however, that the corporation shall not engage in any activity or action which is not permitted to be carried on by nonprofit corporations under section 501(c)(3) Internal Revenue Code corresponding section of any future federal tax code and that the assets and net earnings must not inure to the benefit of any member, officer, or director but the Corporation shall be authorized and empowered to pay reasonable compensation to these people for services rendered, and to make payments and distributions in furtherance of its stated purposes.

This corporation shall not carry on propaganda or attempt to influence legislation; shall not participate in or on behalf of, including the publishing or distributing of statements, any political campaign, candidate or public office.

The Corporation is organized and shall be operated on a non stock basis within the meaning of the Florida Not for Profit Corporation Act. Rehab Solutions of South Florida, Inc. shall not have the power or ability to distribute or issue any shares of any type or class of stock, but may issue membership certificates if so provided by the bylaws.

No officer or director of this corporation shall be personally liable for the debts or obligations of Rehab Solutions of South Florida, Inc. of any nature whatsoever, nor shall any of the property or assets of the officers or directors be subject to the payment of the debts or obligations of this corporation.

ARTICLE IV. MANNER OF ELECTION

The Bylaws shall provide the method of election of all Directors, and the number of Directors may be raised or lowered by amendment of the Bylaws but shall in no case be less than three.

The corporation officers will include President, Secretary and Treasure. Other officers may be provided by the Bylaws. Each officer will be elected (or removed) by the board of directors at such time and in such a manner as may be prescribed by the Bylaws.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name & Title: JANETTE MARY FLORES, President

ADDRESS: 1520 N 40TH AVE, HOLLYWOOD, FL 33021

Name & Title: ROBERT MICHAEL FLORES, Secretary

Address: 1520 N 40TH AVE, HOLLYWOOD, FL 33021

Name & Title: PATRICK JOHN MICHAELIS, Treasure

Address: 3711 SHERIDAN RD UPPER, KENOSHA, WI 53140

ARTICLE VI. ADDRESS OF REGISTERED AGENT

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

Name: JANETTE MARY FLORES

Address: 1520 N 40th Ave, HOLLYWOOD, FL 33021

ARTICLE VI. INCORPORATOR

The name and address of the Incorporator is:

Name: JANETTE MARY FLORES

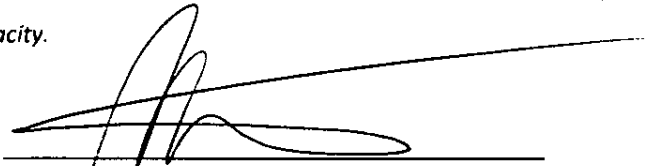
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TALLAHASSEE, FLORIDA

ARTICLE VII. EFFECTIVE DATE

The requested effective date is to be JANUARY 1st 2017.

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.


Required Signature of Registered Agent

12/2/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature of Registered Agent

12/2/16
Date