

TRANSMITTAL LETTER

P0000000007911

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

SUBJECT: INJURIES REHAB. CENTER INC
(Proposed corporate name - must include suffix)

300003075643--8
-12/20/99--01121--001
*****73.00 *****73.00

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

☐ \$70.00
Filing Fee

73.00

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Catalina Fuentes

Name (printed or typed)

590 SW 5 AVE. Apt. 1

Address

Miami, Fl. 33130

City, State & Zip

305 798 2421

Daytime Telephone number

00 JAN 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

N-29308
gk/23



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 23, 1999

CATALINA FUENTES
590 SW 5 AVE., APT. 1
MIAMI, FL 33130

SUBJECT: INJURIES REHAB. CENTER INC
Ref. Number: W99000029308

We have received your document for INJURIES REHAB. CENTER INC and your check(s) totaling \$73.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the 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) 487-6878.

Alan Crum
Document Specialist

Letter Number: 699A00060098

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

INJURIES REHAB. CENTER INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

590 SW 5

Miami, Fl. 33130

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Catalina Fuentes

590 SW 5 Ave Apt. 1

Miami, Fl. 33130

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00 JAN 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Catalina Fuentes
590 SW 5 AVE Apt. 1
Miami, Fl. 33130

Stella Maris Ansin
14227 SW 17 St.
Miami, Fl. 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of December, 1999.



Signature

Catalina Fuentes

Signature

Stella Maris Ansin

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: INJURIES REHAB. CENTER INC

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

(Name)

590 SW 5 AVE Apt. 1

(P.O. Box not acceptable)

Miami, Fl. 33130

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 25 PM 12:23

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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.

Catalina Fuentes
(Signature)

CATALINA FUENTES - 1A/12/99

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL