

P000000021387

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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.

(((H00000009145 4)))

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) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FILED
00 MAR -1 PM 1:14
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

HOMESTEAD REHABILITATION CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 29, 2000

EMPIRE

SUBJECT: HOMESTEAD REHABILITATION CENTER, INC.
REF: W00000005481

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: E00000009145
Letter Number: 500A00011069

Same person

H00000009145

ARTICLES OF INCORPORATION

OF

HOMESTEAD REHABILITATION CENTER, INC.

The undersigned Incorporator to these Articles of Incorporation hereby forms a corporation under the laws of the State of Florida in accordance with Section 607.0202, Florida Statutes.

ARTICLE I

CORPORATE NAME

The name of this Corporation is:

HOMESTEAD REHABILITATION CENTER, INC.

ARTICLE II

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE III

NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and

Filed by:
JAMES D. PAYER, ESQUIRE
1999 SW 27th Avenue, 2nd Floor
Miami, FL 33145
Fla Bar No. 0081541
(305)854-4442

H00000009145

FILED
00 MAR - 1 PM 1:15
HOMESTEAD REHABILITATION CENTER, INC.
HOMESTEAD, FLORIDA

H00000009145

have outstanding at any one time is Nine Hundred (900) shares of common stock having a par value of 01/100 (\$.01) Dollar per share.

ARTICLE V

REGISTERED AGENT AND INITIAL REGISTERED AND PRINCIPAL OFFICE

The Registered Agent and the street address of the initial registered and principal office of this Corporation in the State of Florida shall be:

STEVEN NOCERINI
2450 NE 135th Street, Unit #1003
North Miami, FL 33181

The Board of Directors may, from time to time, move the registered office to any other address in the State of Florida.

ARTICLE VI

BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by By-Laws adopted by the Board of Directors, but shall never be less than one (1).

ARTICLE VII

INITIAL DIRECTOR

The name of the Initial Directors of this Corporation and his/their street address(es) are:

STEVEN NOCERINI
2450 NE 135th Street, Unit #1003
North Miami, FL 33181

YORIEL CESAR CARBALLO
10711 SW 104th Street
Miami, FL 33176

The person(s) named as Initial Director(s) shall hold office for the first year of existence

H00000009145

H00000009145

of this Corporation or until his successor is elected or appointed and has qualified, whichever occurs first.

ARTICLE VIII

INCORPORATOR

The name and address of the person signing these Articles of Incorporation as the Incorporator are:

STEVEN NOCERINI
2450 NE 135th Street, Unit #1003
North Miami, FL 33181

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation this February 23, 2000.



STEVEN NOCERINI, Incorporator

H00000009145

H00000009145

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

)
) SS:
)

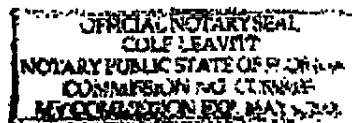
BEFORE ME, a Notary Public, personally appeared STEVEN NOCERINI, to me known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal at Miami, Dade County, Florida this February 23,
2000.



NOTARY PUBLIC

My Commission:



H00000009145

H00000009145

**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 607.0501 Florida Statutes, the following is submitted in compliance with said Act: That HOMESTEAD REHABILITATION CENTER, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Article of Incorporation at Miami-Dade, County of Dade, State of Florida, has named STEVEN NOCERINI, 2450 NE 135th Street, Unit #1003, North Miami, FL 33181 County of Miami-Dade, State of Florida, as its agent to accept service of process within the state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Dated this February 23, 2000.


STEVEN NOCERINI

FILED
00 MAR -1 PM 1:15
SEVEN 135th ST
NORTH MIAMI, FL 33181
COUNTY OF MIAMI-DADE
STATE OF FLORIDA

H00000009145