

P000000027613
TRANSMITTAL LETTER

FILED

00 MAR 13 AM 9: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Springs Rehab Corp.
(Proposed corporate name - must include suffix)

600003167816--6
-03/13/00--01146--018
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Farima Lotfi
Name (Printed or typed)

11307 Lakeview Dr.
Address

Coral Springs, FL 33071
City, State & Zip

(954) 341-4076
Daytime Telephone number

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

No copy
Rt 3/20/2000 ✓

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Springs Rehab Corp.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11307 Lakeview Dr.
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a program of rehabilitation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Farima Lotfi, Hassan Entezari

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: Farima Lotfi
11307 Lakeview Dr
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: Farima Lotfi
11307 Lakeview Dr
Coral Springs, FL 33071

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.

Farima Lotfi
Signature/Registered Agent

3-10-2000

Date

Farima Lotfi
Signature/Incorporator

3-10-2000

Date