

TRANSMITTAL LETTER

PO0000093516

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

SUBJECT: South Florida Rehab Specialists, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003411228--6
-10/02/00--01097--001
*****87.50 *****87.50

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:

JAY RAVEDE

Name (Printed or typed)

1237 NW 144th Terr.

Address

Pembroke Pines, FL 33028

City, State & Zip

305-409-8628

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -2 AM 10:11

FILED

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

Dr. Sands

GAVE

AUTHORIZATION BY PHONE TO

CORRECT

Art II

DATE

10/4

DOC. EXAM.

SeB

SeB
10/4

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:

South Florida Rehab Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1199 NE 139th St.
N. Miami, FL. 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rehabilitation Center

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JAY RAVEDE
1237 NW 144th Terr,
Pembroke Pines, FL.
33028

JASON MATTALIANO
3105 NE 184th ST Apt. 7306
Aventura, FL. 33160

ARTICLE VI REGISTERED AGENT

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

JAY RAVEDE
1237 NW 144 Terr
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAY RAVEDE
1237 NW 144 Terr
Pembroke Pines, FL. 33028

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 OCT -2 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA