()[)[)[)[) 01 FEB -5 PM 3: 07 SLUKETARY OF STATE TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

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## SUBJECT: UNIVERSAL REHABERS INC.

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

XX \$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM:

NAME: TAMARA BARRETT ADDRESS: 1963 SOUVENIR DR. CITY STATE AND ZIP: CLEARWATER, FL 33755

DAYTIME PHONE: 727-462-5486

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF ARTICLES

601

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and or 621, F.S. (Profit)

**ARTICLE I NAME:** 

**UNIVERSAL REHABERS INC.** 

**ARTICLE II PRINCIPAL OFFICE:** 

1963 SOUVENIR DR. CLEARWATER, FL 33755

**ARTICLE III PURPOSE:** 

PROPERTY REHABILITATION AND INVESTMENT

**ARTICLE IV SHARES:** 

100

**ARTICLE VI REGISTERED AGENT:** 

**TAMARA BARRETT** 1963 SOUVENIR DR. **CLEARWATER, FL 33755** 

ARTICLE VII INCORPORATOR

**MARTIN P BARRETT** 1963 SOUVENIR DR. CLEARWATER, FL 33755

Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I an familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature, Registered Agent

Signature Incorporator

<u>U2-01-2001</u> Date <u>02-01-2001</u>

Date

FILED 01 FEB -5 PH 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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