

OFFICE USE ONLY

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GOLDEN REHAB, CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RECEIVED
01 APR 27 AM 11:17
DIVISION OF CORPORATION

FILED
01 APR 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

900004084709--8
-04/27/01--01020--018
*****78.75 *****78.75

Examiner's Initials

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 **GOLDEN REHAB. CENTER, INC**

ARTICLE II PRINCIPAL OFFICE

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

**10235 SW 35 TERRACE
MIAMI, FL, 33165.**

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$ 1.00 par value common stock which shall be designated to President .

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

**CARLOS O. LEDESMA
10235 SW 35 TERRACE
MIAMI, FL, 33165.**

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01 APR 27 PM 12:47
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):

CARLOS O. LEDESMA.
10235 SW 35 TERRACE
MIAMI, FL, 33165.

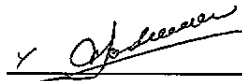
ARTICLE VI DIRECTOR(S)

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

**CARLOS O. LEDESMA : 10235 SW 35 TERRACE
MIAMI , Fl, 33165.**

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

25 day of April, 2001.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee-\$ 35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: **GOLDEN REHAB CENTER, INC.**

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

CARLOS O LEDESMA :

:

(NAME)

10235 SW 35 TERRACE .

:

(P.O.BOX NOT ACCEPTABLE)

MIAMI , FL, 33165 .

:

(CITY/STATE/ZIP)

**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.**

SIGNATURE *to 2/1/2000*

DATE _____

REGISTERED AGENT FILING FEE: \$ 35.00

FILED
01 APR 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA