

PD2000115998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

78 (Business Entity Name)

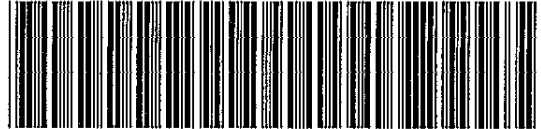
(Document Number)

Certified Copies

Certificates of Status

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10/29/02--01004--006 **277.50

DIVISION OF REGISTRATION

02 OCT 29 AM 9:52

FILED

02 OCT 29 PM 12:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10-29-02

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. REMEDIOS REHABILITATION CENTER, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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

Examiner's Initials

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:

REMEDIOS REHABILITATION CENTER, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11300 N.W. 87 COURT SUITE#164., HIALEAH GARDEN, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LUIS MARIANO ROQUETA, AS PRESIDENT WITH RESIDENCE AT: 468 E. 18 STREET.,
HIALEAH, FL 33013.

ARTICLE VI REGISTERED AGENT

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

LUIS MARIANO ROQUETA , WITH RESIDENCE AT: 468 E. 18 STREET., HIALEAH, FL
33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS MARIANO ROQUETA, WITH RESIDENCE AT: 468 E. 18 STREET., HIALEAH, FL
33013

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

x

Signature/Registered Agent

Date

10.28.02

x

Signature/Incorporator

Date

10.28.02

FILED

02 OCT 29 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA