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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ALLSTAR REHAB CENTER, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF
ALLSTAR REHAB CENTER, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of the Corporation shall be:

ALLSTAR REHAB CENTER, INC.

ARTICLE II

This Corporation shall commence existence after the filing of these Articles of Incorporation by the Department of State, State of Florida on January 1, 2003, and shall have perpetual existence.

ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 500 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

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ARTICLE V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

GERARDO GONZALEZ
9440 W FLAGLER ST #410
MIAMI, FL 33174

ARTICLE VI

The initial Board of Directors shall consist of a total of one person and the names of the person who is to serve as initial directors is:

GERARDO GONZALEZ

PRESIDENT/TREASURER

ARTICLE VII

The names and address of the incorporators executing these Articles of Incorporation is:

GERARDO GONZALEZ
9440 W FLAGLER ST #410
MIAMI, FL 33174



GERARDO GONZALEZ

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That ALLSTAR REHAB CENTER, INC.
(Name of Corporation)

desiring to organize under the laws of the State of Florida with
its principal office, as indicated in the Articles of Incorporation
at the City of MIAMI County of MIAMI-DADE

State of Florida has named GERARDO GONZALEZ
(Name of Register Agent)

located at 9440 W FLAGLER ST #410
(Street address and number of building,
Post Office Box address not acceptable)

City of MIAMI, County of MIAMI-DADE

State of Florida, as its agent to accept service of process within
this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated
corporation, at place designated in this certificate. I hereby
accept to act in this capacity, and agree to comply with the
provision of said Act relative to keeping open said office.

BY: 

GERARDO GONZALEZ
Register Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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