Division Согрој โกทร 10007

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000027093 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			
	Division of Con	p	orations
			(850)205-0381
From	.:		
	Account Name	1	BERRIZ & GIRALDO P.A.
	Account Number	÷	I19990000017
	Phone	\$	(305) 485-9300
	Fax Number	ŧ	(305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

SUPERIOR RELIEF & REHAB CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

ධි

PH 4:59



HOS 000027093 /

OF

SUPERIOR RELIEF & REHAB CENTER, INC.

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

ARTICLE I

The name of this corporation shall be:

SUPERIOR RELIEF & REHAB CENTER, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

SUPERIOR RELIEF & REHAB CENTER, INC.

H030000270931

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300

000270931 ARTICLE IV

ŝ.

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOSE L. ALONSO 380 EAST 9 8T # 8 HIALEAH, FL. 33010

The principal office shall be:

بدر وكافير الموافقا ومراد

380 EAST 9 ST # 8 HIALEAH, FL. 33010

.....

30000270931

à

1 03 0000 2 70 931 ARTICLE V

The initial Board of Directors shall consist of a total of TWO (02) persons, and the name and address of the persons who are to serve as initial directors are:

ELENA DE LOS MILAGROS ALFONSO 6921 W 19 COOL HIALEAH, FL. 33014 PRESIDENT

JOSE L. ALONSO 2319 W 74 ST APT # 205 HIALEAH, FL. 33016

VICEPRESIDENT

The name and address of the incorporator executing these Articles of incorporation is

> JOSE L. ALONSO 380 EAST 9 ST # 8 HIALEAH, FL. 33010

> > ÷

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 21 Day of JANUARY, 2003.

.. .

JOSEL. ALONSO

Ho3 0000 270931

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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:

SIGNATURE

SUPERIOR RELIEF & REHAB CENTER, INC.

2. The Name and Address of the registered agent and office is

JOSE L. ALONSO 380 EAST 9 ST # 8 HIALEAH, FL. 33010

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.

A.D

Dated: JANUARY 21, 2003

Ho3 0000 270