

PO3 000018687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600012207916

U2/17/03--01045--007 **78.75

FILED
03 FEB 17 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 FEB 17 04:10
TALLAHASSEE, FLORIDA

2/18

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. WESTON REHABILITATION CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:05

☒ 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

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.

FILED
03 FEB 17 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

WESTON REHABILITATION CENTER, INC.

ARTICLE II- PRINCIPAL OFFICE

2471 EAGLE RUN DRIVE
WESTON, FLORIDA 33327

ARTICLE III -SHARES

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

1000 with a par value of \$.001 per share

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:


FERNANDO ECHEVERRIA
2471 EAGLE RUN DRIVE
WESTON, FLORIDA 33327

ARTICLE V - INCORPORATOR(S)

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

FERNANDO ECHEVERRIA
2471 EAGLE RUN DRIVE
WESTON, FLORIDA 33327

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this ____ day of ____, 2003



Signature

ARTICLE VI - OFFICERS AND DIRECTORS

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

FERNANDO ECHEVERRIA
2471 EAGLE RUN DRIVE
WESTON, FLORIDA 33327

TOMAS FARKASS
3310 S.W. 190TH AVENUE
MIRAMAR, FL 33029

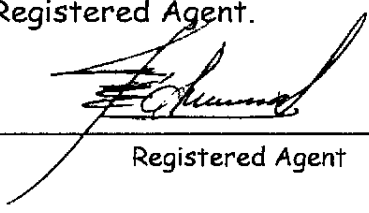
The names and positions of the officers are:

President - Fernando Echeverria
Vice President - Tomas Farkass
Treasurer - Fernando Echeverria
Secretary - Tomas Farkass

FILED
03 FEB 17 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

Having been named as registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent