

P03000025805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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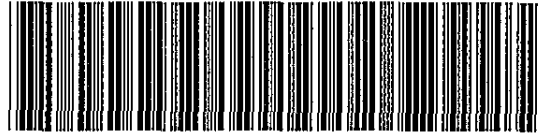
(Business Entity Name)

(Document Number)

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03 MAR -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MP REHAB SPECIALISTS, CORP.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marlon F. Pereira, PT
5130 SW 112th Place
Miami, Florida 33165
305.491.4395

NOTE: Please provide the original and one copy of the articles.

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:

MP Rehab Specialists, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5130 SW 112th Place
Miami, Florida 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is being organized for the purpose of providing premier rehabilitative services.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of \$1.00 par common stock will be authorized.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Marlon F. Pereira, PT	President
5130 SW 112 th Place	
Miami, Florida 33165	

ARTICLE VI REGISTERED AGENT

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

Marlon F. Pereira, PT
5130 SW 112th Place
Miami, Florida 33165

ARTICLE VII INCORPORATOR

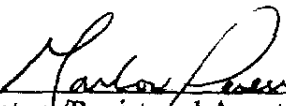
The name and address of the Incorporator is:

Marlon F. Pereira, PT
5130 SW 112th Place
Miami, Florida 33165

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TALLAHASSEE, FLORIDA

MP Rehab Specialists, Corp.
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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


Signature/Registered Agent

2/25/23
Date


Signature/Incorporator

2/25/23
Date

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TALLAHASSEE, FLORIDA