

P03000059423

(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

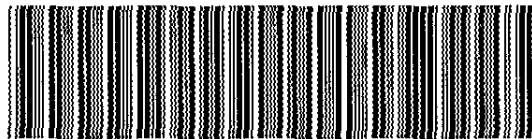
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/30/03--01052--032 **79.75

RECEIVED
03 MAY 30 PM 12:52
DIVISION OF CORPORATION

FILED
03 MAY 30 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DM 5/30

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. COMPLETE CARE & REHABILITATION CENTER,
(Corporation Name) (Document #)

2. INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ 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

of COMPLETE CARE & REHABILITATION CENTER, INC
a CORPORATION FOR PROFIT formed under the Florida General Corporation Act.

Article 1: Name of the Corporation: COMPLETE CARE & REHABILITATION CENTER, INC
Address of the Corporation: 3970 W. FLAGLER ST., #203
MIAMI, FL. 33134

Article 2: DURATION: Term of existence of the corporation is perpetual.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.

Article 4: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100
PAR VALUE \$1.00 (Information about PAR VALUE is not required but may be included).

Article 5: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:
3970 W. FLAGLER ST., #203, MIAMI, FL., 33134
and the name of the initial registered agent at such address is YOLEXI MARRERO

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation

(X) Yolexi Marrero
Signature of Registered Agent

5/27/03
Date

Article 6: The board of directors are as follows:

The name and address of the Initial Director : (All persons listed after the first are additional directors)

1. YOLEXI MARRERO P/T/S/D
3970 W. FLAGLER ST., #203
MIAMI, FL. 33134

Article 7: The Name and address of the incorporator is:

YOLEXI MARRERO P/T/S/D
3970 W. FLAGLER ST., #203
MIAMI, FL. 33134

In witness whereof I have subscribed my name

(X) Yolexi Marrero
Signature of Incorporator

FILED
03 MAY 30 PM 2:29
SECRETARY OF STATE
ALPHA SECRETARIAT
TALLAHASSEE, FLORIDA