

PD3000099793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

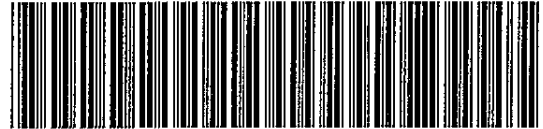
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 SEP -8 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** INDEPENDENT REHAB. SERVICES INC.

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

**FROM:** JENNIFER PARRETT

Name (Printed or typed)

17821 NW 19 ST

Address

PEMBROKE PINES FL 33029

City, State & Zip

1-954-290-0695

Daytime Telephone number

**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)

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**ARTICLE I NAME**

The name of the corporation shall be:

INDEPENDENT REHAB SERVICES INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

17821 NW 19 ST  
PEMBROKE PINES FL  
33029

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for self-employment

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JENNIFER PARRETT, President  
17821 NW 19 ST  
PEMBROKE PINES FL 33029

**ARTICLE VI REGISTERED AGENT**

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

JENNIFER PARRETT  
17821 NW 19 ST  
PEMBROKE PINES FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JENNIFER PARRETT  
17821 NW 19 ST  
PEMBROKE PINES FL 33029

\*\*\*\*\*

*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

09/02/03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

09/02/03

\_\_\_\_\_  
Date