

P03000158441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

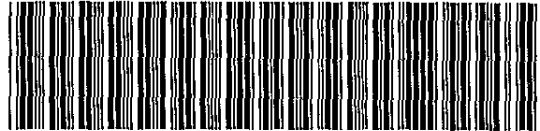
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SECRETARY OF STATE
FILING OFFICE

03 DEC 18 PM 3:02

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TRANSMITTAL LETTER

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

SUBJECT: Safeway Rehab Center, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Tranise Morris
Name (Printed or typed)

1920 Dordanelle Dr
Address

Orlando, FL 32808
City, State & Zip

407-489-1130
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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Safeway Rehab. Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 585297
Orlando, FL 32858

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to do all legal business in the state of Florida

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):

IRANISE MORRIS, P 407-489-1130 CELL
1920 Dardanelle Dr 407-822-3102 HOME
Orlando, FL 32808
X JESEANNE CAMBRON
22 BOX 2832 HAINES CITY FL 33845
863-221-4113 CELL

ARTICLE VI REGISTERED AGENT

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

IRANISE MORRIS
1920 Dardanelle Dr.
Orlando, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IRANISE MORRIS
1920 Dardanelle Dr
Orlando, FL 32808

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

IRANISE MORRIS

Signature/Registered Agent

12/15/2003

Date

IRANISE MORRIS

Signature/Incorporator

12/15/2003

Date