

PO4000017525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

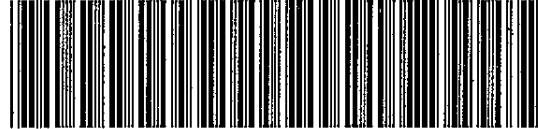
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600027297906

01/21/04--01039--012 **78.75

FILED

04 JAN 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BODY JONES HEALTH & REHAB CENTERS 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: BENJAMIN RIVAS JR

Name (Printed or typed)

913 C SOUTH PARSONS AVE

Address

BRANDON, FL 33511

City, State & Zip

813-731-8884

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), the undersigned incorporators, for the purpose of forming a corporation under the Florida Business Act Herby adopt the following articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BODY JONES HEALTH & REHAB CENTERS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business/mailling address is:

**913 C SOUTH PARSONS
BRANDON, FL 33511**

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

TO PROVIDE OUTPATIENT HEALTH AND REHABILITATION SERVICES.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100 shares with a par value of \$1.00**

ARTICLE V INITIAL OFFICERS AND OR DIRECTORS

The registered agent shall be as follows:

Benjamin C. Rivas, CEO	Nicasio A. Jones, VP	NevilleA. Jones II, VP
19023 Chemille Dr	10143 Somersby Dr	4230 Springway Cr
Lutz, FL 33558	Riverview, FL 33569	Valrico, FL 33594

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

The Incorporators shall be: **Benjamin C. Rivas, CEO**
19023 Chemille Dr
Lutz, FL 33558

ARTICLE VII INCORPORATORS

Benjamin C. Rivas, CEO	Nicasio A. Jones, VP	Nevill A. Jones II, VP
19023 Chemille Dr	10143 Somersby Dr	4230 Springway Cr
Lutz, FL 33558	Riverview, FL 33569	Valrico, FL 33594

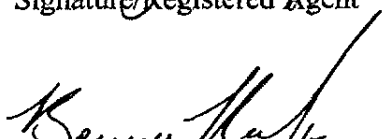
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

1-6-03

Date



Signature/Incorporator

1-6-03

Date

SECRETARY
TALLAHASSEE, FLORIDA

04 JAN 20 PM 3:50

FILED