

P040000 40807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

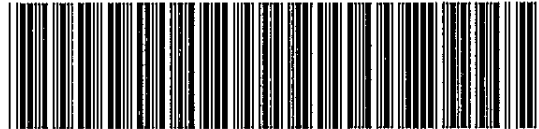
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/04--01032--009 **157.50

RECEIVED
04 MAR -4 AM 10:50
DIVISION OF CORPORATION

2004 MAR -4 P 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

3/5/04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Trujillo Rehabilitation Center, corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **TRUJILLO REHABILITATION CENTER, CORP.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **3750 W. 16 Avenue Suite
Hialeah, Fl. 33012**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Rehabilitation Center**

ARTICLE IV SHARES

The number of shares of stock is: **Five Hundred Shares (500) with a value of \$1.00 each**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Israel Trujillo, as President
1401 N.W. 30 Street
Miami, Fl. 33142**

ARTICLE VI REGISTERED AGENT

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

**Israel Trujillo
1401 N.W. 30 Street
Hialeah, Fl. 33142**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Israel Trujillo
1401 N.W. 30 Street
Hialeah, Fl. 33142**

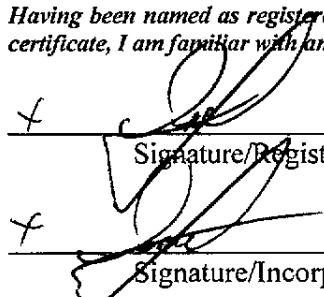
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent **Israel Trujillo**

03/03/04

Date



Signature/Incorporator **Israel Trujillo**

03/03/04

Date

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TALLAHASSEE, FLORIDA