

P040000068881

(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



300032441153

04/28/04--01010--005 \*\*140.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR 27 PM 4:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 APR 27 PM 4:44

RECEIVED

4/27/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Seniority Rehab Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Lakeisha Siplen  
Name (Printed or typed)

2506 Helene Lane  
Address

Tallahassee, Fl 32304  
City, State & Zip

(850) - 574-4931  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

04 APR 27 PM 4:43

*Semianity Rehab Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2506 Helene Lane  
Tallahassee, FL 32304*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

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

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

*Lakeisha F. Siplen President*

**ARTICLE VI REGISTERED AGENT**

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

*Lakeisha Siplen (2506  
Helene Lane)  
Tallahassee, FL 32304*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Lakeisha Siplen  
2506 Helene Lane  
Tallahassee, FL 32304*

*Lakeisha Siplen*

\*\*\*\*\*  
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

*Lakeisha Siplen*  
Signature/Registered Agent

*4/27/04*  
Date

*Lakeisha Siplen*  
Signature/Incorporator

*4/27/04*  
Date