

Box 238

P04000142633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

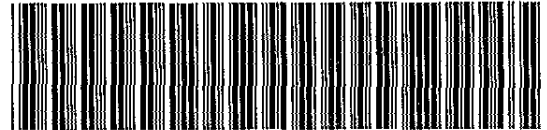
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041712110

10/15/04--01054--012 **157.50

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 OCT 15 AM 11:23

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 15 PM 12:43

AND
FILED

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. CAIBARIEN 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

APPROVED
AND
FILED

04 OCT 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CAIBARIEN REHABILITATION CENTER, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11300 NW 87TH CT STE 162
HIALEAH GARDEN FL 33018-4521

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL AND REHABILITATION CENTER

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE A TORRES AS PRESIDENT
12853 SW 54 STREET
MIAMI FL 33175

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOSE A TORRES
12853 SW 54 STREET
MIAMI FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE A TORRES
12853 SW 54 STREET
MIAMI, FL 33175

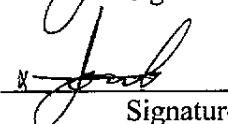
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 

Signature/Registered Agent

10/13/2004

Date

x 

Signature/Incorporator

10/13/2004

Date