

P04000167335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

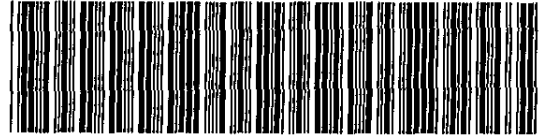
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/04--01054--003 **78.75

FILED
04 DEC 13 PM 1:41
MILWAUKEE, WISCONSIN

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✓
2/14/04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. CONTINENTAL REHAB CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ 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

OF

Continental Rehab Center, Inc.

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CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be: **Continental Rehab Center, Inc.** located at 3011 S.W. 115 Avenue, Miami, FL 33165.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

This corporation is authorized to issue 100 shares of common stock, at \$1.00 par value.

ARTICLE IV

This corporation is to exist perpetually, unless otherwise dissolved according to law.

ARTICLE V

The initial Registered Agent and the street address of the initial registered office of this corporation is:

Ivonne Sau
3011 S.W. 115 Avenue
Miami, FL 33165

ARTICLE VI

This corporation shall have one (1) Directors; the number of Directors and administrators may be increased or decreased from time to time by vote of a majority of shareholders, but never shall less than two. The names and addresses of initial directors are:

Ivonne Sau
3011 S.W. 115 Avenue
Miami, FL 33165

ARTICLE VII

The names and addresses of the incorporators are:

Ivonne Sau
3011 S.W. 115 Avenue
Miami, FL 33165

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REGISTERED AGENT
JALFAR ASSOC. FLORIDA

ARTICLE VIII

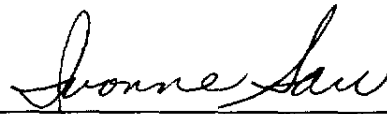
The initial By-laws of this corporation shall be adopted by the Board of Directors. The By-laws may be amended from time to time by either the stockholders or the Directors. The stockholders may amend, alter, or repeal any By-laws adopted by the stockholders, nor may the Directors adopt By-laws which would be in conflict with the By-laws adopted by the shareholders.

CERTIFICATE DESIGNATING PLACE OF BUSINESS
FOR THE SERVICE OF PROCESS WITHIN
THIS STATE AND NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34, Florida Statutes, the following submitted in compliance with said Act: **Continental Rehab Center, Inc.**, desiring to organize under the laws of the State of Florida with its principle office, as indicated in the Articles of Incorporation at County of Dade, State of Florida, has named Ivonne Sau, located at 3011 S.W. 115 Avenue, Miami, FL 33165, as Registered Agent, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

By: _____



Ivonne Sau
Registered Agent

THE UNDERSIGNED hereby declares and certifies that the facts herein are true and correct and accordingly he/she has this ____ day of _____, 2004, executed these Article of Incorporation at Dade County, Florida.

By: Ivonne Sau
Ivonne Sau

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared, Ivonne Sau, to me known to be the person who signed the foregoing instrument or who has produced _____ as identification and acknowledged the execution thereof to be his free act and deed for the uses and purposes therein mentioned and who did (did not) take an oath.

WITNESS my hand and official seal at said County and State this ____ day of _____, 2004.

Notary Public, State of Florida
At Large

My Commission Expires: