

P05000036839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

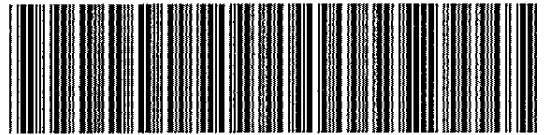
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05 MAR -3 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/11/05
BLK

TRANSMITTAL LETTER

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

SUBJECT: WE CARE REHABILITATION CENTER 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: MICHEL RUIZ
Name (Printed or typed)
120 HIDDEN COURT RD
Address
HOLLYWOOD FL 33023
City, State & Zip
305-303-0583
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)

ARTICLE I NAME

The name of the corporation shall be:

*WE CARE REHABILITATION CENTER INC.***ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*120 HIDDEN COURT RD.
HOLLYWOOD, FL 33023***ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*ANY AND ALL LAWFUL BUSINESS***ARTICLE IV SHARES**

The number of shares of stock is:

*1000 SHARES COMMON STOCK \$1 PAR.***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*MICHEL RUIZ PRESIDENT/SECRETARY
120 HIDDEN COURT RD.
HOLLYWOOD, FL 33023***ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:*MICHEL RUIZ
120 HIDDEN COURT RD.
HOLLYWOOD, FL 33023***ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:*MICHEL RUIZ
120 HIDDEN COURT RD
HOLLYWOOD, FL 33023*

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

Michel Ruiz

Signature/Registered Agent*01/28/05*

Date*Michel Ruiz*

Signature/Incorporator*01/28/05*

Date05 MAR -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED