P05000036839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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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/mailing 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

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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 Date

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