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

1. ARAD MEDICAL REHABILITATION INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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**05 AUG 17 PM 3:45**

**CERTIFICATE OF INCORPORATION  
OF**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARAD MEDICAL REHABILITATION INC**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the State of Florida providing for the formation, liability, right, privileges and immunities of a profit corporation

**ARTICLE I – NAME**

The name of the corporation shall be:

**ARAD MEDICAL REHABILITATION INC**

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be

11180 WEST FLAGLER STE 10  
Miami, FL. 33174  
(305) 804-7991

**ARTICLE III – PURPOSE**

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the state of Florida and the United States.

**ARTICLE IV – CAPITAL STOCK**

This corporation is authorized to issue 100 shares of One Dollar (\$ 1.00) par value common stock

#### ARTICLE V – PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new common stock of this corporation, shall have the right to purchase his pro-rata share (as nearly as many be done without issuance of fractional share) at the price at which it is offered to others.

#### ARTICLE VI – INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**ANIA J RODRIGUEZ**  
**814 N W 36 Ave # 204**  
**MIAMI, FL 33125**  
**(305) 804-7991**

#### ARTICLE VII – BOARD OF DIRECTORS

This corporation shall have One director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one(1). The initial director of this corporation is:

**ANIA J RODRIGUEZ**  
**PRESIDENT/DIRECTOR**

#### ARTICLE VIII – INCORPORATOR

The name and street of the incorporator to these article is:

**ANIA J RODRIGUEZ**  
**814 N W 36 Ave Ste 204**  
**MIAMI, FL 33125**

ARTICLE IX – INDEMNIFICATION

The corporation shall indemnify any officer or directors, or any former officers or directors to the extent permitted by law.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE X – BY LAWS

The power to adopt, alter, amend or repeal the by-laws shall be vested in the Board of Directors and the shareholders. In witness whereof, the undersigned incorporator has executed these articles of incorporation this Aug 16, 2005

CERTIFICATE DESIGNATING THE ADDRESS AND  
AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSED;

That **ARAD MEDICAL REHABILITATION INC** is desiring to organize under the laws of the state of Florida has appointed **ANIA J RODRIGUEZ** of **814 NW 36 Ave Ste 204 Miami Fl 33125** as its Registered agent to accept service of process within the state.

ACKNOWLEDGMENT:

Having been named by the first Board of Directors of **ARAD MEDICAL REHABILITATION INC** to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the applicable provisions of the state of Florida Statutes, this 16 day of August, 2005

X Ania Rodriguez

REGISTERED AGENT  
INCORPORATOR