

PD5000140932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

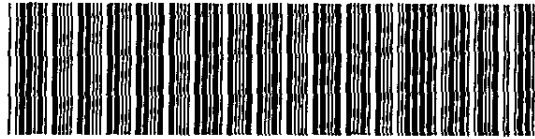
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/14/05--01010--009 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
05 OCT 14 AM 11:34

MES
10/18

COVER LETTER

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

SUBJECT: Rehab 4 You, 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: Prida Maylor
Name (Printed or typed)

6875 SW 21st Street
Address

Miramar, Florida 33325
City, State & Zip

954-964-8167 or 305-333-4254
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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Rehab 4 You, Inc.

05 OCT 14 AM 11:34

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6875 SW 21st Street
Miramar, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Patient Rehabilitation (Therapy) & Consulting

ARTICLE IV SHARES

The number of shares of stock is:

50 / 50 = 100 total shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Prida Maylor
6875 SW 21st Street
Miramar, FL 33023
Director

Kristin Marie Murillo
1000 SW 134 Ave
Davie, FL 33325
Director

ARTICLE VI REGISTERED AGENT

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


Kristin Murillo
1000 SW 134 Ave
Davie, FL 33325

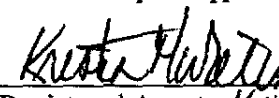
ARTICLE VII INCORPORATOR

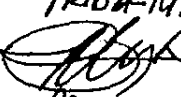
The name and address of the Incorporator is:


Prida Maylor
6875 SW 21st Street
Miramar, 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


Prida Maylor
Signature/Registered Agent


Kristin Murillo
Signature/Registered Agent


Prida Maylor
Signature/Incorporator


Kristin Murillo
Signature/Incorporator

October 11, 2005
Date

October 11, 2005
Date