

P05000143089

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(Business Entity Name)

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05 OCT 21 PM 1:27

RECEIVED STATE
FALLS CHURCH, VA

✓
10/21/05
BWK

WDS-46465

COVER LETTER

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

SUBJECT: Accident and Injury Rehab Center, Winter Haven, Lakeland 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: Walter King Pierre Chris PIN
Name (Printed or typed)

P.O. Box 1552
Address

Winter Haven, FL 33884
City, State & Zip

863 - 287 - 7735 or 863 - 293 - 4589
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 10, 2005

LUTHER KING PIERCE CHRISPIN
P.O. BOX 1552
WINTER HAVEN, FL 33884

SUBJECT: ACCIDENT AND INJURY REHAB CENTER, WINTER
HAVEN/LAKELAND INC.
Ref. Number: W05000046465

We have received your document for ACCIDENT AND INJURY REHAB CENTER, WINTER HAVEN/LAKELAND INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00061433

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:

Accident and Injury Rehab Center, Winter Haven/Lakeland, FL

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

200 E Central Ave
Winter Haven, FL 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luther King P Chris PIA
306 Robynn Glenn Rd
Ocoee, FL 34761

ARTICLE VI REGISTERED AGENT

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

Luther King P Chris PIA
306 Robynn Glenn Rd
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr Leon Walsh III
P.O. Box 1608
Eaton Park, FL 33840

FILED
05 OCT 21 PM 1:27
STATE OF FLORIDA
TALLAHASSEE

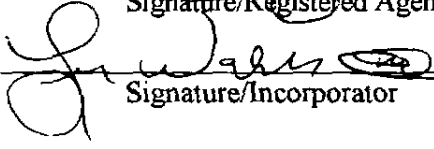
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-4-05

Date



Signature/Incorporator

10-4-05

Date