

Q070000697338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

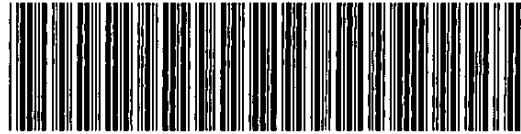
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/30/07  
KTS

## COVER LETTER

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

SUBJECT: Best Quality Rehab Corporation  
(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: Benjamin V. Velazquez  
Name (Printed or typed)

5217 Diamond Dr.  
Address

Sebring, FL 33815  
City, State & Zip

(321) 947-7745  
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:

Best Quality Rehab Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1864 Libby Dr.  
Wauchula, FL 33873

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide physical and occupational rehabilitation services  
and engage in any other lawful business activity for profit.

**ARTICLE IV SHARES**

The number of shares of stock is:

2000 shares @ \$1.00 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Luis C. Ortegon  
1864 Libby Dr.  
Wauchula, FL 33873

**ARTICLE VI REGISTERED AGENT**

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

Benjamin V. Velmonte, CPA  
5217 Diamond Dr.  
Sebring, FL 33875


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

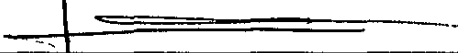
Luis C. Ortegon  
1864 Libby Dr.  
Wauchula, FL 33873

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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*

  
\_\_\_\_\_  
Signature/Registered Agent

7/31/07  
\_\_\_\_\_  
Date

✓   
\_\_\_\_\_  
Signature/Incorporator

7-31-07  
\_\_\_\_\_  
Date

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