

P07000117815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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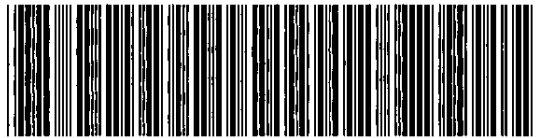
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPG
10/29

COVER LETTER

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

SUBJECT: ADVANCED-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: Jorge Garzon
Name (Printed or typed)

4365 NW 203 ST
Address

Miami FL 33055
City, State & Zip

(786) 299-4961
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:

Advanced Care Rehabilitation Center INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4355 NW 203 ST Miami FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Professional Corporation

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):

Jorge Garzon

4355 NW 203 ST
Miami FL 33055

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Jorge Garzon 4355
NW 203 St Miami
FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jorge Garzon
4355 NW 203 St
Miami FL 33055

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

10-22-07
Date



Signature/Incorporator

10-22-07
Date

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TALLAHASSEE, FLORIDA