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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB -5 2008
D.A. WHITE

COVER LETTER

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

SUBJECT: Gateway Health and Rehabilitation Services, 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: Andrea Scher
Name (Printed or typed)

21537 Woodstream Terr.
Address

Boca Raton, FL, 33428
City, State & Zip

(561) 487-2637
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:

Gaitway Health and Rehabilitation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

20423 State Road 7, Suite FG-498
Boca Raton, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Service

ARTICLE IV SHARES

The number of shares of stock is:

5000 (five thousand) shares of
Common stock with no-par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Andrea Scher, President
21537 Woodstream Terr
Boca Raton, FL 33428

Barbara Joyce, Vice President
Treasurer
Secretary

1711 Arezzo Circle
Boynton Beach, FL 33436

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ARTICLE VI REGISTERED AGENT

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

Andrea Scher
21537 Woodstream Terr
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Andrea Scher
21537 Woodstream Terr
Boca Raton, ~~FL~~ FL 33428

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

Andrea Scher
Signature/Registered Agent

1-27-08
Date

Andrea Scher
Signature/Incorporator

1-27-08
Date

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TALLAHASSEE, FLORIDA