

P08000036250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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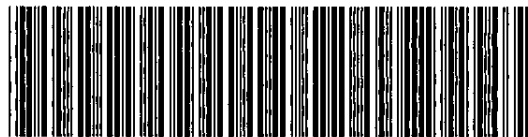
(Business Entity Name)

(Document Number)

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2008 APR - 8 A 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2008
D. A. WHITE

COVER LETTER

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

SUBJECT: Comprehensive Advanced Rehabilitation Experts, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sarah Cooley
Name (Printed or typed)

2639 Danforth Ter.
Address

Wellington, Florida 33414
City, State & Zip

561-707-7424
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:

Comprehensive Advanced Rehabilitation Experts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

2639 Danforth Ter
Wellington, FL. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Therapy Staffing Company

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tim Hansen, President

ARTICLE VI REGISTERED AGENT

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

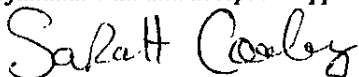
Sarah Cooley
2639 Danforth Ter.
Wellington, FL. 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tim Hansen
2326 S. Congress Ave.
2-C
West Palm Beach, FL. 33406

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




Signature/Incorporator

FILED

2008 APR -8 A 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date

4/4/08

Date