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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
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DEPARTMENT OF STATE  
CORPORATE COMPLIANCE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION  
MIAMI LAKES THERAPY CENTER, INC.

Certificate of Status	0
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SECRETARY OF STATE  
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**ARTICLE OF INCORPORATION  
OF**

**Miami Lakes Therapy Center, Inc.**

**THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE  
FLORIDA GENERAL CORPORATION ACT, DO HEREBY ADOPT THE FOLLOWING  
ARTICLES OF INCORPORATION:**

**ARTICLE ONE**

**THE NAME OF THE CORPORATION: Miami Lakes Therapy Center, Inc.**

**ARTICLE TWO**

**THE DURATION OF THE CORPORATION IS PERPETUAL**

**ARTICLE THREE**

**THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS: Treat Adult &  
Children for Rehabilitation**

- 1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFULL BUSINESS CONNECTED  
WITH ALL KINDS OF BUSINESS**
- 2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE  
INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT, AND ENGAGE IN  
ANY OTHER TRADE OR BUSINESS WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN  
CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINESS.**
- 3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR NECESSARY OR  
DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.**

**ARTICLE FOUR**

**THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO  
ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A SINGLE CLASS, AND SHALL HAVE A  
PAR VALUE OF \$1.00**

**ARTICLE FIVE**

**THE STREET ADDRESS OF THE INITIAL REGISTERED AGENT AND PRINCIPAL OFFICE OF THE  
CORPORATION IS: 6073 NW 167<sup>th</sup> St, Suite C13, Miami Lakes, FL 33015  
REGISTERED AGENT AT SUCH ADDRESS IS: Patricia Pelaez**

**ARTICLE SIX**

**THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF  
DIRECTORS OF THE CORPORATION IS TWO (2) THE NAME AND ADDRESS OF  
EACH PERSON WHO IS TO SERVE AS MEMBER OF THE INITIAL BOARD OF  
DIRECTORS:**

**PRESIDENT:** Patricia Pelaez 6073 NW 167<sup>th</sup> St, Miami Lakes, FL 33015

**VICE PRESIDENT:**

**TREASURER:**

**SECRETARY:**

**ARTICLE SEVEN**

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS: Patricia Pelaez, 6073 NW 167<sup>th</sup> St, Suite C13, Miami Lakes, FL 33015, IS OF, THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS 14 DAY OF January 2010

  
\_\_\_\_\_  
INCORPORATOR  
Patricia Pelaez

STATE OF FLORIDA

*BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED:* Patricia Pelaez

KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON 14 DAY OF January 2010.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES

**ACCEPTANCE BY REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

Patricia Pelaez  
REGISTERED AGENT  
Patricia Pelaez

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENT  
IN THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED  
KNOWN TO BE AND KNOWN BY ME TO EXECUTE THE FOREGOING  
ACCEPTANCE BY REGISTERED AGENT, AND HE ACKNOWLEDGED BEFORE ME  
THAT HE EXECUTED THAT ACCEPTANCE ON 14 DAY OF January 2010.

\_\_\_\_\_  
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