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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

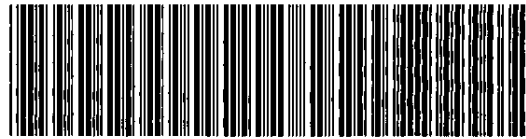
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2010 AUG 20 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh AUG 23, 2010

COVER LETTER

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

SUBJECT: AdJ Rehabilitation Services, Corp
(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: Joel Montane
Name (Printed or typed)

624 SW 68 AVE
Address

Miami, FL 33144
City, State & Zip

305-282-6970
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: A & J Rehabilitation Services, Corp

ARTICLE II PRINCIPAL OFFICE

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

Principal street address: 524 SW 68 AVE
Miami, FL 33144

Mailing Address: 10020 SW 55 Street
Miami, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform therapy on
injured people.

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):

Joel Montane : President
Address : 524 SW 68 AVE
Miami, FL 33144

ARTICLE VI REGISTERED AGENT

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

Name: Joel Montane
Florida Street Address: 524 SW 68 AVE
Miami, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Montane
Address: 524 SW 68 AVE
Miami, FL 33144

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

Joel Montane
Signature/Registered Agent

Joel Montane
Signature/Incorporator

8/18/10
Date

8/18/10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 20 PM 3:24

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