

P/1000021075

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 28 PM 2:34

APPROVED  
AND  
FILED

1/11

## COVER LETTER

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

SUBJECT: DPL REHAB, 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: DANIEL P LINDEMAN, JR.

Name (Printed or typed)

3923 NW 89TH AVENUE

Address

CORAL SPRINGS, FL 33065

City, State & Zip

561-441-9298

Daytime Telephone number

DLINDEMAN@MYACC.NET

E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

DPL REHAB, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3923 NW 89TH AVENUE  
CORAL SPRINGS, FL 33065

Mailing address, if different is:

71 FEB 28 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Purchased distressed / poor condition properties, perform repairs and upgrades, and then resell for a profit.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 preferred shares and 100 common shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL P. LINDEMAN, JR. - DIRECTOR Name and Title: \_\_\_\_\_  
Address: 3923 NW 89TH AVENUE Address: \_\_\_\_\_  
CORAL SPRINGS, FL 33065

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DANIEL P. LINDEMAN, JR.  
Address: 3923 NW 89TH AVENUE  
CORAL SPRINGS, FL 33065

**ARTICLE VII INCORPORATOR**

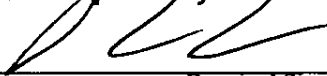
The name and address of the incorporator is:

Name: DANIEL P. LINDEMAN, JR.  
Address: 3923 NW 89TH AVENUE  
CORAL SPRINGS, FL 33065

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

 DANIEL P. Lindeman, Jr. 2/22/11  
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 DANIEL P. Lindeman, Jr. 2/22/11  
Required Signature/Incorporator Date