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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

RELAXING REHAB CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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April 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: RELAXING REHAB CENTER INC
REF: W11000020296

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000009916 - RELAX REHAB CENTER, INC.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000093123
Letter Number: 711A00008691

April 11, 2011

ATTN: Secretary of State, Division of Corporations

To whom it may concern:

This letter is to inform you that I, Alfredo Talay Ulloa, am aware that another company exists with a name that is similar to the one that I'm trying to file. This seems suitable to me and I would like to use this name. Thank you for your time and cooperation in this matter.

Regards,



ALFREDO TALAY ULLOA

H11000093123

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Relaxing Rehab Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3900 NW 79 AVE
SUITE 571
Miami FL 33166

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawfull Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDO Talay Ulloa

Address: 3900 NW 79 AVE

SUITE 571

MIAMI FL 33166

President

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: ALFREDO Talay Ulloa

Address: 3900 NW 79 AVE SUITE 571

MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFREDO Talay Ulloa

Address: 3900 NW 79 AVE SUITE 571

MIAMI FL 33166

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

x

Required Signature/Registered Agent

04-6-11

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.

x

Required Signature/Incorporator

04-6-11

Date

H11000093123

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA