

**P110000241057**

## Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DADE REHABILITATION CENTER OF HIALEAH, INC.**

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

11 APR 27 AM 10:59  
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** DADE REHABILITATION CENTER OF HIALEAH, INC.  
The name of the corporation shall be:

11 APR 27 AM 10:58

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1140 W 50 ST, #407  
HIALEAH, FL 33012

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different  
PO BOX 126550  
HIALEAH, FL 33012

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: P. NORLAN TORRES	Name and Title: _____
Address: 1140 W. 50 ST, #407	Address: _____
HIALEAH, FL 33012	_____
_____	_____
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: NORLAN TORRES  
Address: 1140 W. 50 ST, #407  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NORLAN TORRES  
Address: 1140 W. 50 ST, #407  
HIALEAH, FL 33012

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

Required Signature/Registered Agent

4/27/11  
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.

Required Signature/Incorporator

4/27/11  
Date

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