

P110000055984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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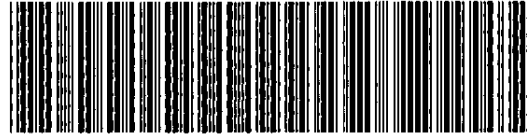
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JUN 14 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
6-15-11

## COVER LETTER

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

**SUBJECT: Sunset Therapy & Rehab Center 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: Yorjandy Santana

Name (Printed or typed)

7342 SW 38 ST

Address

Miami, FL 33155

City, State & Zip

786-203-4234

Daytime Telephone number

sunsettherapy2011@yahoo.com

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

SECRETARY OF  
TALLAHASSEE  
JUN 14 2011

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**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**

Sunset Therapy & Rehab Center Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7342 SW 38 ST Miami, FL 33155

Mailing address, if different is:

**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: <u>Yorjandy Santana (President)</u> | Name and Title: _____ |
| Address: <u>7342 SW 38 St Miami, FL 33155</u>       | Address: _____        |
| _____   | _____                 |
| _____   | _____                 |
| 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: Yorjandy Santana  
Address: 7342 SW 38 ST Miami, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yorjandy Santana  
Address: 7342 SW 38 ST Miami, FL 33155

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

Yorjandy Santana  
Required Signature/Registered Agent

06/10/11  
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.

Yorjandy Santana  
Required Signature/Incorporator

06/10/11  
Date

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