

P110000062529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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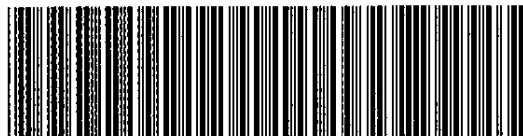
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL -8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
7-11-11

COVER LETTER

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

SUBJECT: K & I REHAB MEDICAL CENTER, 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: KENNER GUTIERREZ

Name (Printed or typed)

1414 N.W. 107TH AVENUE # 201

Address

MIAMI, FLORIDA 33172

City, State & Zip

786-423-2690

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

K & I REHAB MEDICAL CENTER, CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1414 N.W. 107TH AVENUE
SUITE 201
MIAMI, FLORIDA 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNER GUTIERREZ, P
Address: 1414 N.W. 107TH AVENUE
SUITE 201
MIAMI, FLORIDA 33172

Name and Title: _____
Address: _____

Name and Title: ISMARY IBARRA, VP
Address: 1414 N.W. 107TH AVENUE
SUITE 201
MIAMI, FLORIDA 33172

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:

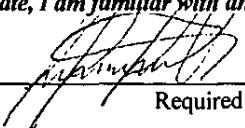
Name: KENNER GUTIERREZ
Address: 1414 N.W. 107TH AVENUE #201
MIAMI, FLORIDA 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KENNER GUTIERREZ
Address: 1414 N.W. 107TH AVENUE # 201
MIAMI, FLORIDA 33172

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

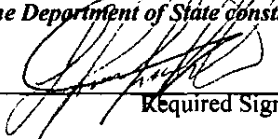


Required Signature/Registered Agent

7/06/2011

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

07/06/2011

Date

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