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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

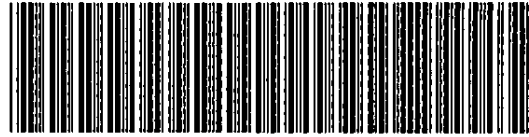
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W11000041581



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08/08/11--01029--012 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2011 AUG 17 PM 2:22

for 8/22/11

## COVER LETTER

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

SUBJECT: **ED Rehabilitation Services, 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: **Eddy E Tapia-Menendez**  
Name (Printed or typed)

**2081 Kudza Road**  
Address

**West Palm Beach FL 33415**  
City, State & Zip

**561-891-4152**  
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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DIVISION OF CORPORATIONS  
2011 AUG 17 PM 2:22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 AUG 17 AM 11:12

DIVISION OF CORPORATIONS

August 9, 2011

EDDY E TAPIA-MENENDEZ  
2081 KUDZA ROAD  
WEST PALM BEACH, FL 33415

SUBJECT: ED REHABILITATIONSERVICES, INC  
Ref. Number: W11000041581

We have received your document for ED REHABILITATIONSERVICES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00018684

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 17 PM 2:22

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** ED Rehabilitation Services, Inc  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2081 Kudza Road West Palm Beach FL 33415

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Massage Therapist Physical  
Rehabilitation**

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Eddy E Tapia-Menendez  
Address: 2081 Kudza Road  
West Palm Beach, FL 33415

Name and Title: Owner-Pres  
Address: \_\_\_\_\_

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: Eddy E Tapia-Menendez  
Address: 2081 Kudza Road  
West Palm Beach, FL 33415

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eddy E. Tapia-Menendez  
Address: 2081 Kudza Road  
West Palm Beach FL 33415

*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

08/13/11

\_\_\_\_\_  
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

08/13/11

\_\_\_\_\_  
Date