

P11000077180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

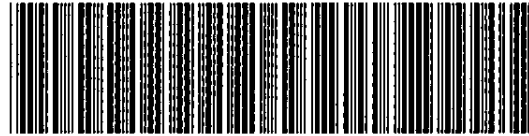
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DIVISION OF CORPORATIONS  
2011 AUG 30 AM 10:48

8/31/11

COVER LETTER

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

RECEIVED  
11 AUG 30 PM 12:40  
DIVISION OF CORPORATIONS

SUBJECT: CLEVELAND REHAB 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: MARIA CAROLINA RIVAS, D.C.  
Name (Printed or typed)

3049 Cleveland Avenue Unit 106  
Address

Fort Myers, Florida 33901  
City, State & Zip

786-459-1865  
Daytime Telephone number

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 30 AM 10:40

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2011

MARIA CAROLINA RIVAS, D.C.  
3049 CLEVELAND AVENUE  
UNIT 106  
FORT MYERS, FL 33901

SUBJECT: CLEVELAND REHAB CENTER CORP  
Ref. Number: W11000043868

We have received your document for CLEVELAND REHAB CENTER CORP 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 511A00019722

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 30 AM 10:48

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**CLEVELAND REHAB CENTER CORP**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**3049 CLEVELAND AVENUE**

**UNIT 106**

**FORT MYERS, FLORIDA 33901**

**2011 AUG 30 AM 10:48**

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: **MARIA CAROLINA RIVAS P**

Address: **UNIT 106**

**3049 CLEVELAND AVENUE**

**FORT MYERS, FLORIDA 33901**

Name and Title: \_\_\_\_\_

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: **MARIA CAROLINA RIVAS**

Address: **3049 CLEVELAND AVENUE UNIT 106**

**FORT MYERS, FLORIDA 33901**

**ARTICLE VII INCORPORATOR**

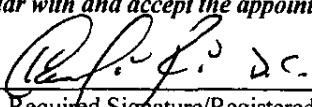
The name and address of the Incorporator is:

Name: **MARIA CAROLINA RIVAS**

Address: **3049 Cleveland Avenue Unit 106**

**FORT MYERS, FLORIDA 33901**

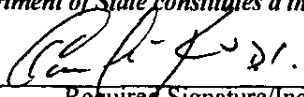
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

**08/24/2011**

\_\_\_\_\_  
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

**08/24/2011**

\_\_\_\_\_  
Date