

P11000101104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

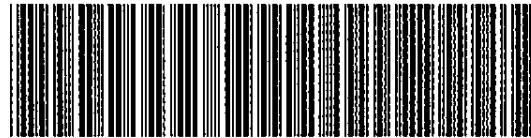
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

619
W11000054131



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10/20/11--01017--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 NOV 22 PM 3:44

J 11/28/11

COVER LETTER

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

SUBJECT: MEDICAL REHAB OF MIAMI, 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
ALREADY PAID. \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ISMAEL LLERA
Name (Printed or typed)

4700 NW 7TH ST SUITE # 8
Address

MIAMI, FL 33126
City, State & Zip

786-370-6808
Daytime Telephone number

llera2010@yahoo.es
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 NOV 22 PM 3:44



COPY

RECEIVED

11 NOV 22 PM 1:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

MEDICAL REHAB OF MIAMI INC. 2ND MAILING
ATTN: ISMAEL LLERA
4700 NW 7TH STREET #8
MIAMI, FL 33126

SUBJECT: MEDICAL REHAB OF MIAMI, INC
Ref. Number: W11000054131

We have received your document for MEDICAL REHAB OF MIAMI, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 011A00024166

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11 NOV -7 PM 2:17

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2011

ISMAEL LLERA
4700 NW 7TH STREET
SUITE #8
MIAMI, FL 33126

SUBJECT: MEDICAL REHAB OF MIAMI, INC
Ref. Number: W11000054131

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Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 011A00024166

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME MEDICAL REHAB OF MIAMI, INC
The name of the corporation shall be:

2011 NOV 22 PM 3:44

ARTICLE II PRINCIPAL OFFICE

Principal street address
4700 NW 7TH ST. SUITE # 8
MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PERFORM MEDICAL AND REHABILITATION SERVICES TO PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISMAEL LLERA-PRESIDENT Name and Title: _____
Address: 4700 NW 7TH ST. SUITE # 8 Address: _____
MIAMI, FL 33126 _____

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: ISMAEL LLERA
Address: 4700 NW 7TH ST. SUITE # 8
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISMAEL LLERA
Address: 4700 NW 7TH ST. SUITE # 8
MIAMI, FL 33126

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 01/01/2012
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 01/01/2012
Date