

P/10005582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

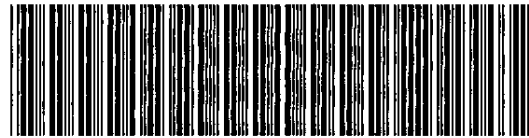
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/12/11--01039--021 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 12 PM 1:48

PS 12/13/11

COVER LETTER

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

SUBJECT: New Life Rehabilitation 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: Walfreddy Gomez PA

Name (Printed or typed)

3450 West 84 Street Suite 202-F

Address

Hialeah Gardens, FL 33018

City, State & Zip

786 234-2260

Daytime Telephone number

gomezwai@hotmail.com

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: New Life Rehabilitation, Corp

11 DEC 12 PM 1:48

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8049 West 36 Ave Unit # 1
Hialeah Gardens, FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation Shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvia A Garcia, President
Address: 8049 West 36 Ave Unit # 1
Hialeah Gardens, FL 33018

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: Silvia A Garcia
Address: 8049 West 36 Ave Unit # 1
Hialeah Gardens, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Walfreddy Gomez PA
Address: 3450 West 84 St Suite 202-F
Hialeah Gardens, FL 33018

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

Date

12.07.11

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

Date

12/07/11