

P120000/8814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

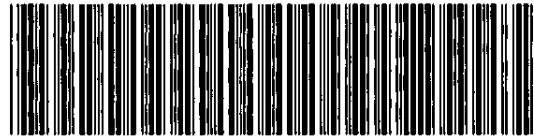
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/15/12--01006--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 23 AM 10:08

W12 8850
1257 1254/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 FEB 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 15, 2012

EDUARDO GONZALEZ
5420 SW 133 CT
MIAMI, FL 33175

SUBJECT: SUPREME RECOVERY, INC
Ref. Number: W12000008950

We have received your document for SUPREME RECOVERY, 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):

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 must list at least one incorporator with a complete business street address.

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

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 612A00007040

COVER LETTER

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

SUBJECT: Supreme Recovery, 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: Eduardo Gonzalez
Name (Printed or typed)
5420 sw 133 ct
Address
Miami, FL 33175
City, State & Zip
(786) 246-0539
Daytime Telephone number
EDUimir17@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)

ARTICLE I NAME

The name of the corporation shall be:

Supreme Recovery, Inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 FEB 23 AM 10:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

5400 SW 133 CT
MIAMI, FL 33175

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

offer therapy & Rehabilitation

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

President
Eduardo Gonzalez
5400 SW 133 CT
MIAMI, FL 33175

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:

Address:

Eduardo Gonzalez
5400 SW 133 CT
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

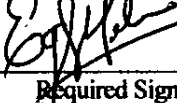
The name and address of the Incorporator is:

Name:

Address:

Eduardo Gonzalez
5400 SW 133 CT
MIAMI, FL 33175

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

2/20/12
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

2/20/12
Date