

P12000053476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

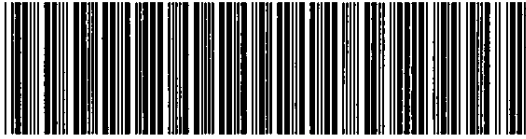
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/12/12--01013--007 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUN 12 PM 4:05
FILED

5-28-12

T. Burch JUN 13 2012

COVER LETTER

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

SUBJECT: ASPIRE REHAB, 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

| | |
|--|---|
| <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: Jacqueline M. Sumner
Name (Printed or typed)

326 15th Avenue
Address

Vero Beach, FL 32962
City, State & Zip

772-538-7678
Daytime Telephone number

jacqueline.sumner@comcast.net
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 ASPIRE REHAB, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
326 15th Avenue
Vero Beach, FL 32962

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Therapy Rehab Services

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV SHARES
The number of shares of stock is: Five (5)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline M. Sumner - Pres-Tres Name and Title: _____
Address: 326 15th Avenue Address: _____
Vero Beach, FL 32962 _____

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: Jacqueline M. Sumner
Address: 326 15th Avenue
Vero Beach, FL 32962

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline M. Sumner
Address: 326 15th Avenue
Vero Beach, FL 32962

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

Jacqueline M. Sumner 6/8/12
Required Signature/Registered Agent 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.

Jacqueline M. Sumner 6/8/12
Required Signature/Incorporator Date