P13000081017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000218279 3)))

H13000218279 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
13 OCT -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CLASSIC REHABILITATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

060468

RECEIVED
13 OCT -1 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H13000218279

4

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: CLASSIC REHABILITATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
580 E 44TH STREET
HIALEAH FL 33013

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MERCEDES N ALONSO
Address: 580 E 44TH STREET
HIALEAH FL 33013

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

13 OCT -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H13000218279

(cont.)

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: MERCEDES N ALONSO

Address: 580 E 44TH STREET

HIALEAH FL 33013

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MERCEDES N ALONSO

Address: 580 E 44TH STREET

HIALEAH FL 33013

FILED

13 OCT -1 PM 2:07

SECRETARY OF STATE

TALLAHASSEE FLORIDA

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

_____ 10/01/2013

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.

_____ 10/01/2013

Required Signature/Incorporator Date

H13000218279

Tuesday, October 01, 2013

To Whom It May Concern:

I, Mercedes N Alonso, President CLASSIC REHABILITATION , INC have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.

Mercedes N Alonso

Sworn to and subscribed before me this 10/01/2013

Notary at Large

LUIS R. BLANCO
MY COMMISSION # EE 010380
EXPIRES: July 20, 2014
Bonded Thru Notary Public Underwriters

FILED
13 OCT -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H13000218279

10/01/2013 03:30 3056339696 EMPIRE CORP PAGE 04/04