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Florida Department of State
Division of Corporations
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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

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

Email Address: _____

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 TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CLASSIC REHABILITATION, INC.**

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

66468

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(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

Mailing address, if different is:

580 E 44TH STREET

HIALEAH FL 33013

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:

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TALLAHASSEE FLORIDA

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(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

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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

[Signature]
Required Signature/Registered Agent

10/01/2013

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.

[Signature]
Required Signature/Incorporator

10/01/2013

Date

413000218279

Tuesday, October 01, 2013

To Whom It May Concern:

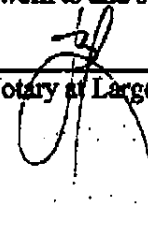
I, Mercedes N Alonso, President CLASSIC REHABILITATION, INC have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

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



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