

P140000004127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

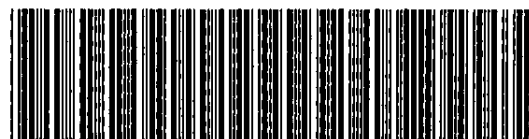
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 10 PM 2:49

B. 1/14/10

## COVER LETTER

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

**SUBJECT: CW PHYSICAL REHAB CENTER 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM: ZUREY MARTIN**

Name (Printed or typed)

**2460 S.W. 137 AVENUE # 207**

Address

**MIAMI, FLORIDA 33175**

City, State & Zip

**786-218-4440**

Daytime Telephone number

**ZUREYMARTIN@YAHOO.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:

**CW PHYSICAL REHAB CENTER INC**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**2460 S.W. 137 AVENUE**

**SAME AS PRINCIPAL OFFICE**

**SUITE 207**

**MIAMI, FLORIDA 33175**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**A legally healthcare facility**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**ZUREY MARTIN, P**

Name and Title:

Address

**2460 S.W. 137 AVE**

Address:

**SUITE 207**

**MIAMI, FL 33175**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATIONS  
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(conti.)

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: ZUREY MARTIN

Address: 2460 S.W. 137 AVE # 207

MIAMI, FLORIDA 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

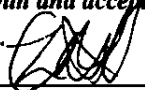
Name: ZUREY MARTIN

Address: 2460 S.W. 137 AVE # 207

MIAMI, FLORIDA 33175

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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*

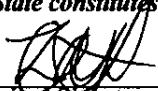


\_\_\_\_\_  
Required Signature/Registered Agent

01/07/2014

\_\_\_\_\_  
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

01/07/2014

\_\_\_\_\_  
Date