

P140000007689

(Requestor's Name)

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☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WA-2464

## COVER LETTER

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

**SUBJECT: ULTRA REHABILITATION 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**

\* Check was sent  
previously and is already cashed  
- updated # of shares to "1"

FROM: **Gilberto L Rivera**

Name (Printed or typed)

**19150 NW 88 Ct.**

Address

**Hialeah, FL 33018**

City, State & Zip

**305-766-9262**

Daytime Telephone number

**griverax@gmail.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:

**ULTRA REHABILITATION INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**19150 NW 88 Ct.**

**Hialeah, FL 33018**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**engaged to the provision of physical therapy services as applicable by law in the state of Florida.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1**

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

Name and Title: **Gilberto L Rivera, MSPT President**

Name and Title:

Address

**19150 NW 88 Ct.**

Address:

**Hialeah, FL 33018**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(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: Gilberto L Rivera

Address: 19150 NW 88 Ct.

Hialeah, FL 33018

**ARTICLE VII INCORPORATOR**

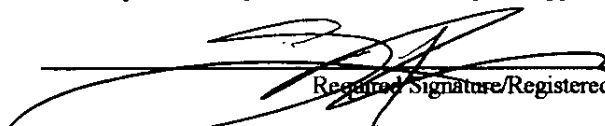
The name and address of the Incorporator is:

Name: Gilberto L Rivera

Address: 19150 NW 88 Ct.

Hialeah, FL 33018

*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*

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

01/04/14

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.*

  
\_\_\_\_\_  
Registered Signature/Incorporator

01/04/14

Date

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