

P140000038658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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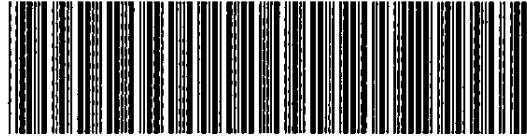
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY -1 PM 1:46

VH

## COVER LETTER

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

SUBJECT: Medical Rehab & Wellness, 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: Dr. Joseph Smith  
Name (Printed or typed)  
14174 Blackberry Dr.  
Address  
Wellington, FL 33414  
City, State & Zip  
(561) 317-8449  
Daytime Telephone number  
dciyce@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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Medical Rehab & Wellness, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2650 S Military Trail  
Suite 12  
West Palm Beach, FL 33415

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health Care, Medical Chiropractic.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares/100 percent Dr. Joseph Smith

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

Name and Title: Dr. Joseph Smith

Name and Title:

Address

14674 Blackberry Dr  
Wellington, Fl. 33414  
President/owner

Address:

Name and Title:

~~Michael~~ Jean vice president (RM)

Name and Title:

Address

Address:

Name and Title:

McHenry Jean

Name and Title:

Address

1579 Quail Lake Drive  
APT. 109  
W.P.B FL 33409  
Vice president

Address:

(cont.)

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DIVISION OF CORPORATIONS

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:

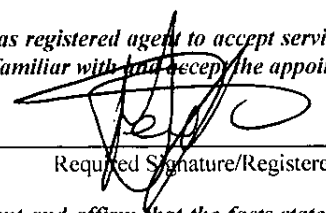
Name: McHenry Jean  
Address: 1579 Quinn Lake Dr. Apt. 109  
W.P.B., FL 33409

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Joseph Smith  
Address: 14174 Blackberry Dr.  
Wellington, FL 33414

*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

4-24-2014  
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

4/24/2014  
Date