

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
TOTAL REHAB CENTER OF MIAMI INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

07/03/2032 01:32

#1023 P.001/004

07/22/2014 11:00:01 AM PAGE 1/001 fax server



August 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

SUBJECT: TOTAL REHAB CENTER OF MIAMI INC
REF: W14000051592

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000197468
Letter Number: 814A00018130

H14000197468

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME TOTAL REHAB CENTER OF MIAMI INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2500 NW 79 AVESTE 180DORAL, FL 33122**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT A LEGAL BUSSINESS IN THE STATE OF FL

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ROLANDO VERGEL CESPEDAS, PRESIDENTE

Name and Title: _____

Address

2500 NW 79 AVE

Address: _____

STE # 180DORAL, FL 33122

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

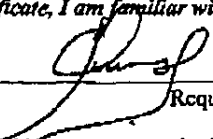
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROLANDO VERGEL CESPEDES
Address: 7900 NW 25 ST STE#180
MIAMI, FL 33122

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROLANDO VERGEL CESPEDES
Address: 7900 NW 25 ST STE #180
MIAMI, FL 33122

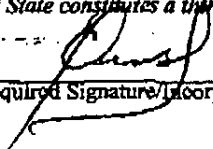
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08/16/2014

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

08/16/2014

Date

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