

P15000006048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

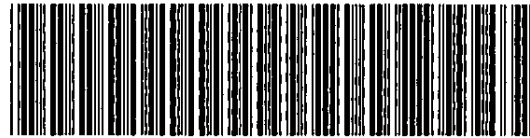
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266858750

01/20/15--01044--021 **70.00

JAN 23 2015

T. SCOTT

15 JAN 20 PM 12:46

COVER LETTER

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

SUBJECT: A A REHABILITATION SERVICES 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

FROM: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.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: A A REHABILITATION SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7664 S.W. 152 AVE APT 22

MIAMI FLORIDA 33193

Mailing address, if different is:

15340 S.W. 72 St. Apt 22

Miami FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL DOCUMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100@\$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YUSIANY NARDO PRES

Address 7664 SW 152 AVE APT22

MIAMI, FLORIDA 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

15 JAN 20 PM 12:46

(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: YUSIANY NARDO

Address: 7664 SW 152 AVE APT 22
MIAMI FLORIDA 33193

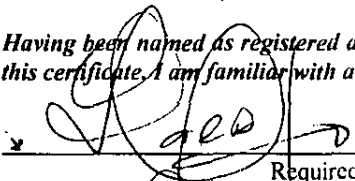
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YUSIANY NARDO

Address: 7664 SW 152 AVE APT 22
MIAMI FLORIDA 33193

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

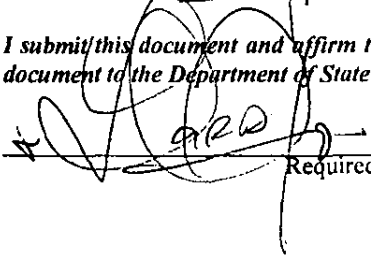


Required Signature/Registered Agent

01/13/2015

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

01/13/2015

Date

15 JAN 20 PM 12:46

January 12, 2015

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

15 JAN 20 PM 12:44

Re: P13000054850 A A Rehabilitation Services Inc

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Yuslany Nardo

