

P15000019116

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEON REHABILITATION CENTER, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FEB 27 2015
T. SCOTT

W15000014488

15 FEB 26 AM 11:10

15 FEB 26 PM 3:39

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Corporate Filing Menu

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Thursday, February 26, 2015

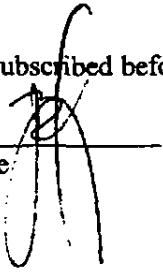
To Whom It May Concern:

I, Jose S Leon President , Leon Rehabilitation Center, Corp. Document # P11000055567
have no intention of reinstating the mentioned corporation therefore; I release the name
for to another entity.

Should you need additional information, please do not hesitate to inform me.


Jose S Leon

Sworn to and subscribed before me this 01/29/2015.


Notary at Large:



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: LEON REHABILITATION CENTER, CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

7191 W 24TH AVE 50
HIALEAH FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE S LEON PRESIDENT

Address: 7191 W 24TH AVE 50
HIALEAH FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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:

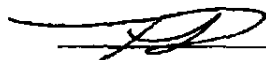
Name: JOSE S LEON
Address: 7191 W 24TH AVE 50
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE S LEON
Address: 7191 W 24TH AVE 50
HIALEAH FL 33016

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

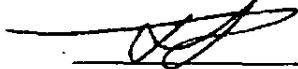


Required Signature/Registered Agent

02/26/2015

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

02/26/2015

Date