Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000096343 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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 A-1 ADVANCE REHAB CENTER INC

Certificate of Status		0
Certified Copy		1
Page Count	<u> </u>	03
Estimated Charge		\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE 1 NAME: The name of the corporation is:
A-1 ADVANCE REHAB CENTER INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 8030 Hampton Blvd. Apt 403 NORTH LAUGERDALE, FL 33068
ARTICLE III SHARES: The number of shares of stock is: 100.
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: GEORGINA VALOES - President
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: GEORGINA VOIDES 8030 Hampton Blvd Apt 403 NORTH LAUDERDALE, FL 33068
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: GEORGINA VALDES 8030 Hampton BIVA. Apt 403 NORTH LAUDERDALE FL 33008

Required Signatures:

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 Agent

02/-20-15 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.

incorporator