

JUL 15 WED 04:18 PM

FAX No.

P. 001

7/28/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LHG REHABILITATION CENTER CORPORATION**

Certificate of Status	0
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JUL 30 2015

S. GILBERT

Electronic Filing Menu

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Help

JUL/29/2015/WED 04:18 PM

FAX No.

P.002

850-617-8381

7/29/2015 3:38:17 PM PAGE 1/001 Fax Server



July 29, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE - E-FILE

SUBJECT: LHG REHABILITATION CENTER CORPORATION  
REF: W15000051439

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: B15000182613  
Letter Number: 415A00015960

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, CARLOS A. MENDEZ who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of SI. LHG REHABILITATION CENTER CORPORATION a Florida corporation, filed with the Florida Department of State on MAY 5<sup>TH</sup> 2014
2. The undersigned hereby consents to and authorizes the use of the name SI, LHG REHABILITATION CENTER CORPORATION to be use by YAILIN MILAN
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

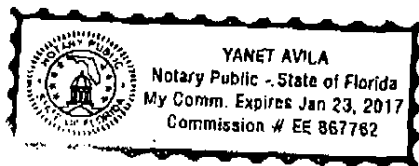
FURTHER AFFIANT SAYETH NAUGHT.

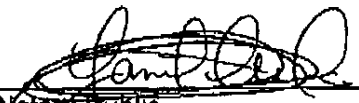
  
CARLOS A. MENDEZ

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

PERSONALLY appeared before me, CARLOS A MENDEZ who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 24<sup>TH</sup> day of JULY, 2015.



  
Notary Public

JUL/29/2015/WED 04:19 PM

FAX No.

P.003

FILED

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

15 JUL 29 AM 8:20

ARTICLE I NAME

The name of the corporation shall be:

LHG REHABILITATION CENTER CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

702 NW 160 ST

OKEECHOBEE, FL 34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAILIN MILAN (P)

Name and Title:

Address

702 NW 160 ST

Address:

OKEECHOBEE, FL 34972

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: YAILIN MILANAddress: 702 NW 160 STOKEECHOBEE, FL 34972**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: YAILIN MILANAddress: 702 NW 160 STOKEECHOBEE, FL 34972**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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 Agent07/28/2015  
\_\_\_\_\_  
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/Incorporator07/28/2015  
\_\_\_\_\_  
Date