

P18000072105

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:

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**FLORIDA PROFIT/NON PROFIT CORPORATION
EXCELLENT THERAPY REHAB. INC**

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

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Corporate Filing Menu

Help

H18000236126

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Excellent Therapy Rehab. Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4750 NW 7 ST
Suit 12 Miami FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lidia Maricel Perez

(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LIDIA MARICEL PEREZ
4750 NW 7 ST SUITE 12
MIAMI FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LIDIA MARICEL PEREZ
4750 NW 7 ST SUITE 12
MIAMI FL 33126

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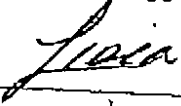
Required Signatures:

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_____
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_____
Date

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