

PI9000008587

Florida Department of State
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.

((H19000036033 3)))



H19000036033ABCZ

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'A REHAB CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2019 JAN 30 PM 3:09

2019 JAN 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

A'A REHAB CENTER INC

of Document # P11000050397

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Alfredo Romero

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN 45-2487538

ARTICLE I NAME: The name of the corporation is:A/A REHAB CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:


8660 WEST FLAGLER ST SUITE 111
MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ALFREDO ROMERO VPROBERTO A. FERNANDEZ P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ALFREDO ROMERO
8660 WEST FLAGLER ST STE 111
MIAMI, FL. 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ALFREDO ROMERO
8660 WEST FLAGLER ST. STE 111
MIAMI, FL. 33144

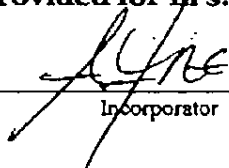
Required Signatures:

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