

28/6/2019

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP
Account Number : I20140000109
Phone : (786)316-5772
Fax Number : (786)549-5991

****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
BEST MEDICAL REHAB INC**

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

2019 JUN 28 PM 4:23

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Corporate Filing Menu

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JUL 01 2019

COVER LETTER

19 JUN 20 AM 11:39

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BEST MEDICAL REHAB INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: OREL BIS RODRIGUEZ SANTI

Name (Printed or typed)

5815 SW 107 PL.

Address

MIAMI, FL 33173

City, State & Zip

305-986-0026

Daytime Telephone number

yudeisymel@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

5815 SW 107 PL
MIAMI, FL 33173

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pub. Ch.)

19 JUN 28 AM 11:40

ARTICLE I NAMEThe name of the corporation shall be: BEST MEDICAL REHAB INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5815 SW 107 PLMIAMI, FL 33173**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and all lawful business.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ORELBIS RODRIGUEZ SANTIName and Title: PRESIDENTAddress: 5815 SW 107 PLAddress: 5815 SW 107 PLMIAMI, FL 33173MIAMI, FL 33173

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 JUN 28 AM 11:40

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box: NOT acceptable) of the registered agent is:

Name: ORELBI RODRIGUEZ SANTI
Address: 5815 SW 107 PL.
MIAMI, FL 33173

ARTICLE VII INCORPORATORThe **name and address** of the incorporator is:

Name: ORELBI RODRIGUEZ SANTI
Address: 5815 SW 107 PL.
MIAMI, FL 33173

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/24/2019 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 Agent
06/24/2019
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
06/24/2019
Date