

PZ000003685

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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
XSIEMENS REHABILITATION CENTER INC**

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

RECEIVED

2022 JAN 16 PM 3:25

2022 JAN 12 AM 9:30

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

XSIEMENS REHABILITATION CENTER INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4620 N HABANA AVE STE 202 A

TAMPA FL 33164

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ASLEY PEREZ (P)

4620 N HABANA AVE STE 202 A

TAMPA FL 33614

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ASLEY PEREZ

4620 N HABANA AVE STE 202 A

TAMPA FL 33614

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ASLEY PEREZ


4620 N HABANA AVE STE 202 A

TAMPA FL 33614


2022 JUN 19 AM 9:30

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

 1/18/22
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.

 1/18/22
Incorporator Date

2022 1 19 PM 9:30