## P2200018252 Division of Corporations

Electronic Filing Cover Sheet

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(((H22000074284 3)))



H220000742843ABC\$

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To:				
	Division of Co	rporations		
	Fax Number	: (850)617-6381	r 3	
From:			2922 FEB	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u> </u>	i i
	Account Number	: I20000000019		
	Phone	: 120000000019 : (305)552-5973	25	
	Fax Number	: (305)675-5944	~1.	177
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ä	annual report ma	ress for this business entity to be used for fuggations. Enter only one email address please.**	<u> </u>	
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## FLORIDA PROFIT/NON PROFIT CORPORATION CANAN REHABILITATION CENTER INC

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

2nD

REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

The owners of the CANAN REHABILITATION CENTER INC, are the same owner of W22000025561. We want to cancel the online filing W22000025561 and we want to continue with the filing H220000742843. Thank You

To FERSON COSONOVO.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

	ARTICLE II PR	INCIPAL OFFICE:	······································	
· Th	e principal street addre	ess and mailing addre	ss is:	
	sw 8th unit 312			
miamii fi	33155			
ARTICLE III SI	HARES: The number of	of shares of stock is: _	100	
ARTICLE [	V INITIAL DIRI	ECTORS AND/OR (	OFFICERS:	
JEFERSO	ON CASANOVA (P			
50 sw 8th unit 312 A			Ã.	- - -
ami <u>i fl 33155</u>			SECR ALLA	922 F
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ARTICLE V IN	ITIAL REGISTEREI	ACENT AND COD		•
The name and Florida	street address (PO Box	not acceptable) of the	e rogistared agant	۵.
	SON CASANOVA	many or this	e regioneu agent i	S:
	h unit 312 A			
	MIAMI FL 33155			
ARTICLE VI IN	CORPORATOR: The	name and address of (	the Incorporator is	;
	JEFERSON CASAN		- 	
		312 A		
		<u> 312 A</u>		

## 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

FII ED

2922 FEB 25 PM 2: 37
SECRETARY OF STATE ALLAHASSEE, FLORIDA.