

P22000079456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

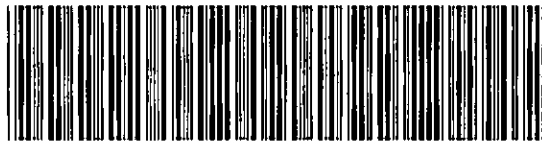
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/19/22--01037--004 \*\*87.50





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT 19 AM 9:05

September 30, 2022

MARCK LUBIN  
1133 NW 81ST TER BLDG 15 APT 1133  
PLANTATION, FL 33322

SUBJECT: PALM REHABILITATION CENTER INC  
Ref. Number: W22000124215

We have received your document for PALM REHABILITATION CENTER INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 822A00021819

## COVER LETTER

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

SUBJECT: Palm Rehabilitation Center 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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

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

**Johnson, Arcedra**

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**From:** Progressive Ortho & Rehab <progressiverehab1321@gmail.com>  
**Sent:** Wednesday, October 19, 2022 3:24 PM  
**To:** Johnson, Arcedra  
**Subject:** Marck Lubin (To add address)

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Document W22000124215

2500 E Hallandale Beach Blvd. #210  
Hallandale Beach, FL 33009

Marck Lubin | Palm Rehabilitation Center Inc

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Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Marck Lubin  
Name (Printed or typed)

1133 NW 81st Ter. Bldg 15 Apt. 1133  
Address

Plantation, FL, 33322  
City, State & Zip

954-261-9419  
Daytime Telephone number

Progressiverchab1321@gmail.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Palm Rehabilitation Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9900 Stirling Rd #303  
Cooper City FL 33024

\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing skilled physical Therapy  
Services

ARTICLE IV SHARES

The number of shares of stock is: 100 total shares  
50/50 shares for each officer/Director  
50% for "VP" 50% for "P"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Lubin, VP

Name and Title: Peter Chivere, P

Address 1133 NW 71<sup>st</sup> Ter  
Plantation FL 33322

Address: 4932 NW 105<sup>th</sup> Dr  
Coral Springs FL 33076

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Peter Chuvp  
Address: 4932 NW 105<sup>th</sup> Dr  
Coral Springs FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Lubin  
Address: 1133 NW 81<sup>st</sup> Tr. Bldg 15 Apt. 1133  
Plantation FL 33322

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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  
Date 9/14/22

*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  
Date 9/14/22

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 601, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Palm Rehabilitation Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9900 Stirling Rd #303  
Cooper City FL 33024

ARTICLE III PURPOSE

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ARTICLE IV SHARES

The number of shares of stock is: 50/50 shares for each officer/Director  
50% for "VP" 50% for "P"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Lubin, VP

Name and Title: Peter Chivere, P

Address 1133 NW 21<sup>st</sup> Ter  
Plantation FL 33322

Address: 4932 NW 105<sup>th</sup> Dr  
Coral Springs FL 33076

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_



Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Peter Chavez  
Address: 4932 NW 105<sup>th</sup> Dr  
Coral Springs FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Lubin  
Address: 1133 NW 81<sup>st</sup> Ter. Bldg 15 Apt. 1133  
Plantation FL 33322

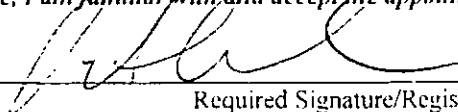
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

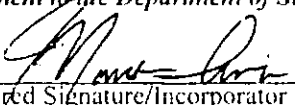
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Required Signature/Registered Agent

9/14/22  
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

9/14/22  
Date