

To:

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2023-11-15 19:07:02 GMT

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11/15/23, 2:15 PM

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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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
REHAB PROVIDERS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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2023 NOV 15 PM 4:36
CLASHSEE, FL
STATE

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T. MATTHEWS

NOV 16 2023

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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: REHAB PROVIDERS INC

Effective date: 01/01/2024 ASSEE, FL

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address
3948 N.E. 169 STREET #306
North Miami Beach, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business allowed in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Marquez, Pres

Address: 3948 N.E. 169 Street #306

North Miami Beach, FL 33160

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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

Name: William Marquez, Pres

Address: 3948 N.E. 169 Street #306

North Miami Beach, FL 33160

ARTICLE VII INCORPORATORThe ~~name and address~~ of the Incorporator is:

Name: William Marquez, Pres

Address: 3948 N.E. 169 Street #306

North Miami Beach, FL 33160

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:

11/14/2023

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 § 817.155, F.S.



Required Signature/Incorporator

11/14/2023

Date

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM ColinKenitz

DATE 2023-11-15 13:24:38 CST

RE SS UPHOLSTERY ART & SUPPLIES Corp. filing
submission

COVER MESSAGE
