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3/18/24, 2:48 PM

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Florida Department of State
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To:

Division of Corporations
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From:

Account Name : JTAX CORP
Account Number : I20200000009
Phone : (954)544-1000
Fax Number : (954)678-4500

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
VITALITY REHAB CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
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2024 MAR 18 PM 3:17

2024 MAR 18 AM 9:58
VITALITY REHAB CENTER CORP
FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

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March 15, 2024

JTAX CORP

SUBJECT: VITALITY REHABILITATION CENTER CORP
REF: W24000042300

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FL

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L24000107610.

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

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Tekayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000099510
Letter Number: 024A00005667

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VITALITY REHAB CENTER CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7536 Benthonshire AveWindemere, FL, 34786

SAME

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ellen Cristina Souza Teixeira - PRESIDENTAddress 7536 Benthonshire AveWindemere, FL, 34786

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2024 MAR 18 AM 9:58
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

F-11-110

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: JTAX CORP
 Address: 10055 YAMATO RD STE 206
BOCA RATON, FL 33498

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JTAX CORP
 Address: 10055 YAMATO RD STE 206
BOCA RATON, FL 33498

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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

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