

P95000064620

Hayes
1100 Cleveland #835
Clearwater Fl. 34615

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
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4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CR2E031(10/92)

FILED
05 AUG 22 AM 9:13
ALLAHASSEE, FLORIDA
600031068556
-08/11/95-01057-020
*****70.00 *****70.00

5/8/22/95
00789, 00509, 00671
W95-16318
Called Hayes
to put 's' on the
name of the corp
so "Specialists"

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 14, 1995

HAYES
1100 CLEVELAND #839
CLEARWATER, FL 34615

SUBJECT: REHAB SPECIALIST INC. - PORT CHARLOTTE
Ref. Number: W95000016318

We have received your document for REHAB SPECIALIST, INC. - PORT CHARLOTTE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

813-446-8085

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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 (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 495A00037973

I included my
business card
with initial
filing - that is
how you got
the address to
mail this letter
to me.

ARTICLES OF INCORPORATION

FILED

OF

95 AUG 22 AM 9:18

REHAB SPECIALISTS INC. - PORT CHARLOTTE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, herewith adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be as stated above.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be: 303 Security Square Winter Haven, Florida 33880.

ARTICLE III NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful business permitted under the laws of the United States, the State of Florida, or any other state.

ARTICLE IV CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is Ten Thousand shares of common stock with no par value.

ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI OFFICERS AND DIRECTORS

The name and street address of the initial officer(s) and director(s) who shall hold office the first year of the corporation's existence or until his/her successor is elected is Edwin Soriano whose address is as stated in Article II.

ARTICLE VII INCORPORATOR

The name and address of the person(s) executing these Articles of Incorporation is Edwin Soriano whose address is 303 Security Square, Winter Haven, FL 33880.


X Ami
Incorporator

Incorporator

CERTIFICATE DESIGNATING REGISTERED AGENT AND OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the below named corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered agent and office, in the State of Florida.

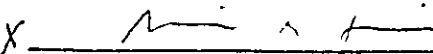
1. The name of the corporation is REHAB SPECIALISTS INC. - PORT CHARLOTTE,
2. The name and address of the registered agent and office is Edwin Soriano 303 Security Square, Winter Haven, Florida 33880.

X 
Incorporator

Incorporator

X Dated: 7/25/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

X 
Registered Agent

X Dated: 7/25/95

TALLAHASSEE, FLORIDA

95 AUG 22 AM 9:18

FILED