

797000029051
TRANSMITTAL LETTER

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

SUBJECT: Westside Rehabilitation center Inc.
(Proposed corporate name - must include suffix)

900002126649--0
-03/28/97--01026--006
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pete chevere
Name (Printed or typed)

1440 Coral Ridge Drive #212
Address

Coral Springs, FL 33071
City, State & Zip

(954) 424-3704
Daytime Telephone number

APPROVED
AND
FILED
97 MAR 28 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAW
4/1

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

APPROVED
AND
FILED

97 MAR 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

westside Rehabilitation center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

westside Rehabilitation center INC.
1440 coral Ridge Drive # 212
Coral Springs, FL. 33071

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pete Chavera
1440 coral Ridge Drive # 212
Coral Springs, FL. 33071

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pete Chevere
9601 N.W. 8th circle
Plantation, FL 33324

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of March, 19 97.

(An additional article must be added if an effective date is requested.)

Pete Chevere

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

APPROVED
AND
FILED

97 MAR 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Westside Rehabilitation center Inc.

2. The name and address of the registered agent and office is:

Pete Chevere

(NAME)

1440 Coral Ridge Drive #212

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Coral Springs, FL. 33071

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pete Chevere

(SIGNATURE)

3-24-97

(DATE)