

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002965605--0

-08/20/99--01066--015

*****78.75 *****78.75

OFFICE USE ONLY

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

1. ABBY ASSOCIATES REHABILITATION
(Corporation Name) (Document #)

2. CENTER CORP.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

FILED
99 AUG 20 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 AUG 20 PM 12:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

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:

ABBY ASSOCIATES REHABILITATION CENTER

ARTICLE II PRINCIPAL OFFICE

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

6741 S.W. 24 Street Suite 18 – 19
Miami, Fl. 33155

ARTICLE III SHARES

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

500 shares stock x \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vicente Macias
6741 S.W. 24 Street Suite 18-19
Miami, Fl. 33155

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ARTICLE V INCORPORATOR(S)

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

Vicente Macias
6741 S.W. 24 Street Suite 18-19
Miami, Fl. 33155

ARTICLE VI DIRECTOR(S)

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

Vicente Macias
6741 S W 24 Street Suite 18-19
Miami, Fl. 33155

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18 day of August, 1999



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.00501 or 617.0501, 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.

❖ The name of the corporation is :

❖

❖ The name and address of the registered agent and office is:

VICENTE MACIAS
ABBYS ASSOCIATES REHABILITATION CENTER CORP.
6741 S.W. 24 Street, Suite 18-19
Miami, FL 33155

(P.O. BOX Not Acceptable)

(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 COMPLETE AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: _____

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