

COVER LETTER

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

SUBJECT: RESOURCE COMMUNITY HEALTH CENTER INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: UVALDO GONZALEZ
Name (Printed or typed)

759 NW 22 ND AVE
Address

MIAMI, FL 33125
City, State & Zip

305-649-0492
Daytime Telephone number

medicalconsultingctr@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: RESOURCE COMMUNITY HEALTH CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
759 NW 22ND AVE
STE 202
MIAMI, FL 33125

Mailing address, if different

FILED
13 JAN 28 PM 4:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE IS TO PROVIDE CHARITABLE PREVENTIVE HEALTH CARE SERVICES TO THE
UNDERSERVED, UNDERPRIVELEGED AND OR UNDOCUMENTED POPULATION IN THE STATE OF FLORIDA TO INCLUDE THE HOMELESS AND VICTIMS OF DOMESTIC VIOLENCE.

WE WILL SEEK DESIGNATION FROM HRSA AND CMS AS AN " FQHC" FEDERAL QUALIFIED HEALTH CENTER.
WE WILL APPLY FOR 501 (C) (3) STATUS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY MAJORITY VOTE OF THE

BOARD OF DIRECTORS AS STATED IN THE BYLAWS AND APPLICABLE FEDERAL AND STATE LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MASIEL MOREIRA ; D,P,T
Address: 1690 SW 69 AVE
MIAMI, FL 33155

Name and Title: UVALDO GONZALEZ ;D,P,T.
Address: 1690 SW 69 AVE
MIAMI, FL 33155

Name and Title: ESTHER GUERRA; D,S
Address: 4900 SW 8 STREET
MIAMI, FL 33144

Name and Title: JOSE D QUIROS; D
Address: 815 N HOMESTEAD BLVD
STE 209
HOMESTEAD, FL 33030

Name and Title: MARISOL BORGES; D
Address: 5847 SW 8TH STREET
MIAMI, FL 33144

Name and Title: MARIO CUETO; D
Address: 290 NAVARRE AVE
STE 101
CORAL GABLES, FL 33134

Name and Title: MARIA E RIVERO;D

Address: 4900 SW 8 STREET
MIAMI, FL 33144

Name and Title: DIANEY ROJAS; D

Address: 6191 W 24TH AVE
APT 102
HIALEAH, FL 33016

Name and Title: BESSIE C NAVARRO;D

Address: 13835 SW 117TH AVE
MIAMI, FL 33186

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE D QUIROS

Address: 9745 SW 72ND STREET STE 110
MIAMI, FL 33173

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TALLAHASSEE, FLORIDA
FILED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MASIEL MOREIRA


Address: 759 NW 22ND AVE STE 202
MIAMI, FL 33125

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 of Registered Agent

01.23.2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

01.23.2013
Date