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COVER LETTER

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

United National Care, Inc. SUBJECT:				
		RATE NAME – <u>MUST INC</u>		
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	■\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate PY REQUIRED	
FROM:	Adolphus Liburd			
Name (Printed or typed)				
840 Georgian Hills Drive				
	Address			
Lawrenceville, GA 30045				
	С	ity, State & Zip	-	
	404-750-2378			

wliburd@hotmail.com

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

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

ARTICLE II	PRINCIPAL OFFICE			
5231	Principal <u>street</u> address: 7 Summerlin Commons Blvd	840 Ge	Mailing address, if different is eorgian Hills Drive	::
Ste -	400	Lawre	nceville, GA 30045	
Fort	Myers, FL 33907			
ARTICLE III The purpose f	I PURPOSE for which the corporation is organized is: See attach	ed		2051
				<u>:=:</u>
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				n :
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				<u> </u>
		ich the direc	tors are elected and appointed:	et forth in bylav
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTORS Chaving Jacobs President			et forth in bylav
ARTICLE IV	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President Read Georgian Hills Drive	e and Title:	Tasheima Walters, Treasurer	et forth in bylav
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President Nam	e and Title:	Tasheima Walters, Treasurer	et forth in bylav
Name and Tit	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President 840 Georgian Hills Drive Add Lawrenceville, GA 30045 Tyshanna Hodge, Secretary	e and Title:	Tasheima Walters. Treasurer 840 Georgian Hills Drive	
Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President 840 Georgian Hills Drive Add Lawrenceville, GA 30045 Tyshanna Hodge, Secretary	e and Title: ress:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045	
Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045 Add Tyshanna Hodge, Secretary 840 Georgian Hills Drive	e and Title: ress:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045	
Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045 Add Tyshanna Hodge, Secretary Nam 840 Georgian Hills Drive Add Lawrenceville, GA 30045	e and Title: ress:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045	
Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTORS Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045 Add Tyshanna Hodge, Secretary 840 Georgian Hills Drive Add Lawrenceville, GA 30045	e and Title: ress: e and Title: ress:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045	

Name and Title:_		_ Name and Title:		-
Address		Address:		-
_				-
_				-
Name and Title:_		Name and Title:		-
Address		Address:		-
_				_
		_		-
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acc	entable) of the registered	l agent is:	
	Adolphus Liburd			
Name:	<u> </u>			
Address:	5237 Summerlin Commons Blvd, Ste	± 400 		
	Fort Myers, FL 33907			
	INCORPORATOR			
The <u>name and ad</u>	dress of the Incorporator is:			
Name:	Adolphus Liburd			
Address:	840 Georgian Hills Dr			
	Lawrenceville, FA 30045			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:			
(If an effective d	ate is listed, the date must be specific a	and cannot be more th	an five days prior or 90 days afte	r the filing.)
	inserted in this block does not meet the ive date on the Department of State's re		ng requirements, this date will not l	be listed as the
	ted as registered agent to accept service miliar with and accept the appointment			designated in this
	W. Adolphus Liburd		05/21/2	:020
-	Required Signature of Registere	d Agent	Date	
	ment and affirm that the facts stated her I State constitutes a third degree felony a			ed in a document to
	W. adolphus Liburd		05/01/2	2020
	Required Signature of Inco	orporator	Date	

United National Care, Inc. Articles of Incorporation Attachment

ARTICLE IX- ADDITIONAL PROVISIONS

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

COVER LETTER

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

SUBJECT: United Nation	onal Care, Inc.		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLÚDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	cles of Incorporation and	a check for :
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	■S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM:	Adolphus Liburd	e (Printed or typed)	-
	840 Georgian Hills Drive	Address	-
Lawrenceville, GA 30045			_
	404-750-2378	ity, State & Zip	-
	Daytime Telephone number		

wliburd@hotmail.com

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE II	PRINCIPAL OFFICE		
523	Principal <u>street</u> address: 7 Summerlin Commons Blvd	840 (Mailing address, if different is: leorgian Hills Drive
Ste -	400	Lawr	enceville, GA 30045
Fort	Myers, FL 33907		
ARTICLE III. The purpose i	I PURPOSE for which the corporation is organized i	See attached	
	<u> </u>		
ARTICLE IV	MANNER OF ELECTION The	manner in which the dire	ctors are elected and appointed; as set forth
ARTICLE IV	INITIAL OFFICERS AND/OR DL	<u>RECTORS</u>	Tasheima Walters Treasurer
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DL	RECTORS Name and Title	Tasheima Walters Treasurer
ARTICLE V	INITIAL OFFICERS AND/OR DL	<u>RECTORS</u>	Tasheima Walters, Treasurer
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DL Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045	RECTORS Name and Title Address:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DL Cheviot Jacobs, President 840 Georgian Hills Drive	RECTORS Name and Title Address:	Tasheima Walters, Treasurer 840 Georgian Hills Drive
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DL Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045 Tyshanna Hodge, Secretary	RECTORS Name and Title Address: Name and Title	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045
ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DI. Cheviot Jacobs, President 840 Georgian Hills Drive Lawrenceville, GA 30045 1c: Tyshanna Hodge, Secretary 840 Georgian Hills Drive Lawrenceville, GA 30045	Name and Title Address: Name and Title Address: Address:	Tasheima Walters, Treasurer 840 Georgian Hills Drive Lawrenceville, GA 30045

Name and Title	·	Name and Title:	
Address		Address:	
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Name and Title		Name and Title:	
Address			
radicas			
			
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name:	Adolphus Liburd		
Address:	5237 Summerlin Commons Blvd.	Ste 400	
	Fort Myers, FL 33907		
ARTICI F VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	Adolphus Liburd		
Address:	840 Georgian Hills Dr		
	Lawrenceville, FA 30045		
ADTICLE VIII	EFFECTIVE DATE:		
Effective date	fother than the date of filing:	(OPTIO	NAL)
(II an effective	date is listed, the date must be specifi	ic and cannot be more than five d	ays prior or 90 days after the filing.)
Note: If the da document's effe	te inserted in this block does not meet the tive date on the Department of State's	ne applicable statutory filing require records.	ements, this date will not be listed as the
Having been no certificate, I am	amed as registered agent to accept serv familiar with and accept the appointme	vice of process for the above stated ent as registered agent and agree to c	corporation at the place designated in this act in this capacity
	W. Adolphus Liburd		05/21/2020
	Required Signature of Registe	ered Agent	Date
I submit this do the Department	cument and affirm that the facts stated h of State constitutes a third degree felon	terein are true. I am aware that any y as provided for in s.817.155, F.S.	false information submitted in a document to
•	W. Odotphus Liturd		05/01/2020
	Required Signature of I	ncorporator	Date

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United National Care, Inc. Articles of Incorporation Attachment

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