

P14 00 0068020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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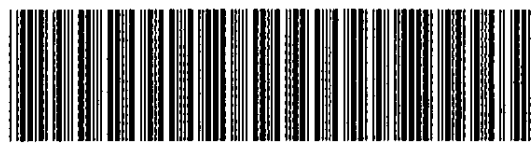
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVAL  
AND  
FILED

VH



**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

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**ARTICLE I NAME**  
The name of the corporation shall be: Cube Care Alliance Company

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

6043 NW 167th Street  
Suite A-23  
Miami Lakes, FL 33015

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO Box 171741  
Hialeah, FL 33017

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Business Management

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Susana Robledo, MGRM Name and Title: \_\_\_\_\_

Address PO Box 171741 Address: \_\_\_\_\_  
Hialeah, FL 33017

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED (cont.)

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Susana Robledo

Address: 6043 NW 167th Street Suite. A-23  
Miami Lakes, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susana Robledo

Address: 6043 NW 167th Street Suite A-23  
Miami Lakes, FL 33015

*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/Registered Agent

08/04/2014  
Date

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

08/04/2014  
Date