

P14 00 0068020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

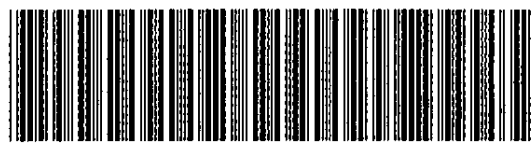
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/11/14--01026--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVAL  
AND  
FILED

VH

**COVER LETTER**

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

**SUBJECT: Cube Care Alliance Company**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

**ADDITIONAL COPY REQUIRED**

**FROM: Susana Robledo**

Name (Printed or typed)

**PO Box 171741**

Address

**Hialeah, FL 33017**

City, State & Zip

**786-277-8899**

Daytime Telephone number

**susana@cubecare.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 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.)

14 AUG 11 PM 3:21

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