

N 20 000 005 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

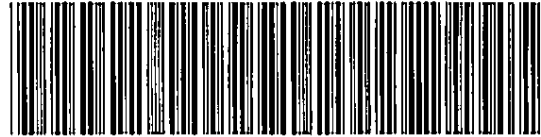
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700342776017

04/13/20--01016--003 \*\*70.00

FILED  
2020 APR 13 PM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: PERFECT CARE SENIOR PLACEMENT 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: ALCIRA J UBEDA  
Name (Printed or typed)

5951 NW 151st ST, SUITE 206  
Address

MIAMI LAKES, FL 33014  
City, State & Zip

786-879-1574  
Daytime Telephone number

JACKIE@PERFECTCAREINC.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2020 APR 13 PM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

PERFECT CARE SENIOR PLACEMENT INC

To: Florida Division of Corporation

From: Alcira J. Ubeda

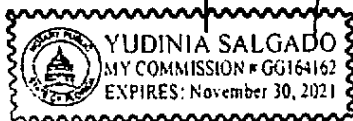
Ref: Perfect Care Senior Placement Inc

I Alcira J. Ubeda president of Perfect Care Senior Placement Inc, have No intention of reinstating Perfect Care Senior Placement Inc a profit corporation in the state of Florida, Instead I want to use the name of Perfect Care Senior Placement Inc to be register as a nonprofit corporation in the state of Florida.

Thank you for all your help



Alcira J. Ubeda



FILED

2020 APR 13 PM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: PERFECT CARE SENIOR PLACEMENT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>5951 NW 151 ST SUITE 206</u>  <u>MIAMI LAKES, FL 33014</u>  _____	Mailing address, if different is:  _____  _____  _____
--	--

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE MEALS TO SENIORS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

\_\_\_\_\_

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

Name and Title: <u>ALCIRA J UBEDA, PRESIDENT</u>  Address: <u>5951 NW 151st ST, SUITE 206</u> <u>MIAMI LAKES FL 33014</u>  _____  Name and Title: _____  Address: _____  _____  Name and Title: _____  Address: _____  _____  Name and Title: _____  Address: _____  _____	Name and Title: _____  Address: _____  _____  Name and Title: _____  Address: _____  _____  Name and Title: _____  Address: _____  _____
---	--

CLERK OF STATE  
TALLAHASSEE, FL

2020 APR 13 PM 7:52

FILED

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_ ALCIRA J UBEDA

Address: \_\_\_\_\_ 5951 NW 151st ST, SUTE 206

\_\_\_\_\_ MIAMI LAKES FL 33014

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ ALCIRA J UBEDA

Address: \_\_\_\_\_ 5951 NW 151st ST, SUTE 206

\_\_\_\_\_ MIAMI LAKES FL 33014

FILED  
2020 APR 13 PM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:** 4/1/2020

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/6/2020

\_\_\_\_\_  
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

4/6/2020  
\_\_\_\_\_  
Date