

NO40000008554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

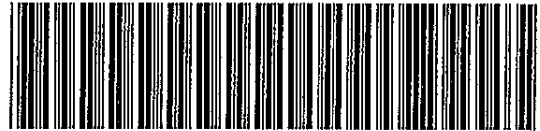
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200040446222

08/26/04--01015--017 **78.75

FILED

04 SEP - 1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1001-30446

11/9/2011

TRANSMITTAL LETTER

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

SUBJECT: Ultimate Healthcare Services, 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: Catherine M. Banks
Name (Printed or typed)

P.O. Box 23203
Address

Tampa, FL 33623
City, State & Zip

813-908-1791
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 26, 2004

CATHERINE M BANKS
P O BOX 23203
TAMPA, FL 33623

SUBJECT: ULTIMATE HEALTHCARE SERVICES, INC.
Ref. Number: W04000032448

RECEIVED
04 SEP - 1 AM 10:37
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ULTIMATE HEALTHCARE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 604A00052230

FILED

04 SEP - 1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with chapter 617,F.S., (Not for profit)

ARTICLE I NAME

The name of the corporation shall be:
ULTIMATE HEALTHCARE SERVICES, Inc..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
8318 North Klondyke Street, Tampa, FL 33604 OR
P.O. Box 23203, Tampa, FL 33623

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To serve individuals with Developmental Disabilities, including those with Behavior Disorder,
Accommodation and food services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors shall be appointed by the board of directors of the company.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List names(s),address(es) and specific title(s):
Catherine M. Banks, 5606 Pinnacle Heights Circle, Apt. 101, Tampa FL 33624
(President & CEO)
Emelia Gabbidon, 5604 Cresthill Drive, Tampa, FL 33615
(Director of Operations)
Evelyn O. Parper, 5604 Cresthill Drive, Tampa, FL 33615
(Quality Assurance Mgr)
Roger Bete , 5606 Pinnacle Heights Circle, Apt.101, Tampa, FL 33624
(Director of Finance)
Bruno Touapri ,8318 North Klondyke Street, Tampa, FL 33604
(Assistant Director of Finance)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

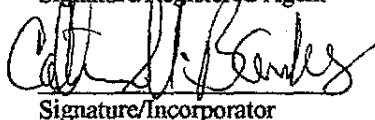
The name and Florida street address (p.o. Box Not acceptable) of the registered is:
Catherine M. Banks, 5606 Pinnacle Heights Circle Apt.101, Tampa, FL 33624

ARTICLE VII INCORPORATION

The name and address of the incorporation is:
ULTIMATE HEALTHCARE SERVICES, INC.
8318 North Klondyke Street, Catherine M. Banks,
Tampa, FL 33604

.....
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


Signature/Registered Agent


Signature/Incorporator

8/29/04
Date
8/29/04
Date