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TALLAHASSEE, FLORIDA

1st 3/3/15

COVER LETTER

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

SUBJECT: UNITED MANAGED CARE, Alzheimer Support 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: Eric O. Royes
Name (Printed or typed)

5010 N. Travelers Palm LN
Address

Tamarac . FL 33319
City, State & Zip

954-826-0593
Daytime Telephone number

emitoday@live.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: United Managed Care, Alzheimer Support Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5010 N. Travelers Palm LN

Tamarac

FL 33319

Mailing address, if different is:
5010 N. Travelers Palm Blvd

Tamarac

FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Information, Support, and Resources to Caregivers and or family members of loved ones with Dementia. To mobilize all possible resources and to seek out those who need help, by providing : Education in Care giving, Information to Resources, Respite Care, Networking with other care givers, and Financial assistance where need exists.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

The directors are elected and appointed initially by their dedication to this cause, and their interest and ability to serve in this vital area of helping others in giving of their time and other resources.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric O Royes, President

Address: 5010 N. Travelers Palm LN
Tamarac. Fl. 33319

Name and Title: Shelove Jules, Secretary

Address: 4031 NW.93rd Ave
Sunrise, FL 33351

Name and Title: Margaret Kartwe-Bradley, Vice President

Address: 418 SE 4th Street
Dania Beach, Fl 33004

Name and Title: Eunice Oyekola, director

Address: 418 SE 4th Street
Dania Beach, FL.33004

Name and Title: Martha Royes. Treasurer

Address: 5111 W. Oakland Park BLvd. # J 313
Lauderdale Lakes, FL 33313

Name and Title: _____

Address: _____

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: Eric O Royes

Address: 5010 N. Travelers Palm LN
Tamarac, FL 33319

ARTICLE VII INCORPORATOR

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

Name: Eric O Royes

Address: 5010 N. Travelers Palm LN
Tamarac, FL 33319

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

February 23rd, 2015

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

February 23rd 2015

Date

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TALLAHASSEE, FLORIDA