N20 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 _____

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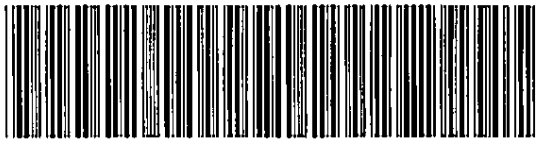

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SECRETARY OF STATE
TALLAHASSEE, FL

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)

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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

YUDINIA SALGADO
MY COMMISSION # GG164162
EXPIRES: November 30, 2021

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SECRETARY OF STATE
TALLAHASSEE, FL

5951 NW 151st STREET, STE 206, MIAMI LAKES, FL 33014.

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 street address:

5951 NW 151 ST SUITE 206

MIAMI LAKES, FL 33014

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: ALCIRA J UBEDA, PRESIDENT

Address 5951 NW 151st ST, SUTE 206

MIAMI LAKES FL 33014

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

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

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TALLAHASSEE, FL

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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/1/2020 (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

_____ 4/6/2020

Required Signature of Registered Agent 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.

_____ 4/6/2020

Required Signature of Incorporator Date