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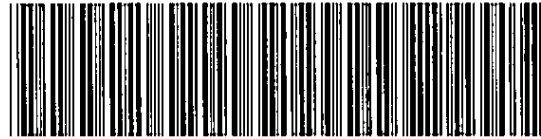
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COVER LETTER

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

SUBJECT: United National Care, 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: Adolphus Liburd

Name (Printed or typed)

840 Georgian Hills Drive

Address

Lawrenceville, GA 30045

City, State & Zip

404-750-2378

Daytime Telephone number

wliburd@hotmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: United National Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5237 Summerlin Commons Blvd
Ste 400
Fort Myers, FL 33907

Mailing address, if different is:
840 Georgian Hills Drive
Lawrenceville, GA 30045

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attached

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as set forth in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Cheviot Jacobs, President</u>	Name and Title:	<u>Tasheima Walters, Treasurer</u>
Address	<u>840 Georgian Hills Drive</u> <u>Lawrenceville, GA 30045</u>	Address:	<u>840 Georgian Hills Drive</u> <u>Lawrenceville, GA 30045</u>

Name and Title:	<u>Tyshanna Hodge, Secretary</u>	Name and Title:	_____
Address	<u>840 Georgian Hills Drive</u> <u>Lawrenceville, GA 30045</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Adolphus Liburd

Address: 5237 Summerlin Commons Blvd, Ste 400

Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

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

Name: Adolphus Liburd

Address: 840 Georgian Hills Dr

Lawrenceville, FA 30045

ARTICLE VIII EFFECTIVE DATE:

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

W. Adolphus Liburd
Required Signature of Registered Agent

05/21/2020
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.

W. Adolphus Liburd
Required Signature of Incorporator

05/01/2020
Date

United National Care, Inc.
Articles of Incorporation Attachment

ARTICLE IX- ADDITIONAL PROVISIONS

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

COVER LETTER

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

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The name of the corporation shall be: _____

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Name and Title: Cheviot Jacobs, President _____ Address 840 Georgian Hills Drive _____ Lawrenceville, GA 30045 _____	Name and Title: Tasheima Walters, Treasurer _____ Address: 840 Georgian Hills Drive _____ Lawrenceville, GA 30045 _____
Name and Title: Tyshanna Hodge, Secretary _____ Address 840 Georgian Hills Drive _____ Lawrenceville, GA 30045 _____	Name and Title: _____ _____ Address: _____ _____ _____
Name and Title: _____ _____ Address _____ _____ _____	Name and Title: _____ _____ Address: _____ _____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Address: 5237 Summerlin Commons Blvd. Ste 400 _____

Fort Myers, FL 33907 _____

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Lawrenceville, GA 30045 _____

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