

N22000010830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

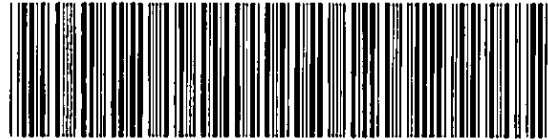
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 21 2022

09/21/22--01002---004 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP 20 PM 3:41
22 SEP 20 PM 3:41

COVER LETTER

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

SUBJECT: M CARE CONSULTING 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: Yasir Billoo

Name (Printed or typed)

2122 Hollywood Blvd.

Address

Hollywood, FL 33020

City, State & Zip

954-374-7722

Daytime Telephone number

ybilloo@ilp.law

E-mail address: (to be used for future annual report notification)

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

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M CARE CONSULTING INC.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH 09/20/22 _____
Name Date Time

Walk-In _____ Will Pick Up _____

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

ARTICLE I NAME

The name of the corporation shall be: M CARE CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>6800 SW 135 Avenue</u>	<u>6800 SW 135 Avenue</u>
<u>Miami, FL 33183</u>	<u>Miami, FL 33183</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All charitable, education, scientific, and health purposes, in keeping with
the purpose of IRS Code section 501(c)(3).

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shabbir Motorwala, Director</u>	Name and Title: <u>Suhail Nanji, Director</u>
Address: <u>6800 SW 135 Avenue</u>	Address: <u>6800 SW 135 Avenue</u>
<u>Miami, FL 33183</u>	<u>Miami, FL 33183</u>
Name and Title: <u>Umer Rahman, Director</u>	Name and Title: _____
Address: <u>6800 SW 135 Avenue</u>	Address: _____
<u>Miami, FL 33183</u>	_____
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: Yasir Billoo, Esq.
 Address: 2122 Hollywood Blvd.
Hollywood, FL 33020

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shabbir Motorwala
 Address: 6800 SW 135 Avenue
Miami, FL 33183

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

 Required Signature of Registered Agent 09/19/2022
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 09/19/2022
Date