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TRANSMITTAL LETTER

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

400003081194--3
-12/28/99--01004--004
*****78.75 *****78.75

SUBJECT: CARibe / American HEALTH 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROSEMARY Delgado
Name (Printed or typed)

470 NW 29th Ave
Address

FT. LAUDERDALE FL 33311
City, State & Zip

954-227-3244
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 27 AM 10:20

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

g. 1/1/00

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 27 AM 10:20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CARIBE/AMERICAN HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2021 NW 64 Ave
FT. LAUD. FL 33313

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosemary Delgado
470 NW 29 Ave
FT. LAUD. FL 33313

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pres.
V Pres.
Director

} Rose Mary Delgado
470 NW 29th
Ft. Lauderdale FL 33311

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of December, 1999.

(An additional article must be added if an effective date is requested.)

Rose Mary Delgado
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 27 AM 10:20

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

CARIBE / American Health Care, INC

2. The name and address of the registered agent and office is:

Rosemary Delgado
(NAME)

470 NW 29th

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FT. Lauderdale FL 33311
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rosemary Delgado
(SIGNATURE)

12/21/99
(DATE)