

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO00000073088

lni-Trans Care, Corp

400003338984--8
-07/28/00--01034--009
*****70.00 *****70.00

W-18840

Signature _____

Requested by: LS

Name _____

Date 4/28/00

Time 10:19

Walk-In _____

Will Pick Up _____

- ☒ 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 _____

FILED
00 AUG - 1 PM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 JUL 28 AM 10:45
DIVISION OF CORPORATION
SMITH AUG 01 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 28, 2000

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET STE 1
TALLAHASSEE, FL 32302

SUBJECT: UNI-TRANS CARE, CORP
Ref. Number: W00000018840

We have received your document for UNI-TRANS CARE, CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 400A00041239

Corrected

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 AUG - 1 PM 1:37

RECEIVED

ARTICLE OF INCORPORATION
OF
UNI - TRANS CARE , CORP

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

ARTICLE I NAME

The name of the corporation shall be:

UNI - TRANS CARE, CORP

ARTICLE II PRINCIPAL OFFICE

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

546 N.W 69 TERRACE
MARGATE FL 33063

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

SHIRLEY A. FERNANDEZ
546 N.W 69 TERRACE
MARGATE FL 33063

FILED
00 AUG - 1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

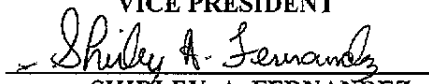
The name (s) and street address (es) of the incorporated (s) to these Articles of Incorporation is (are):

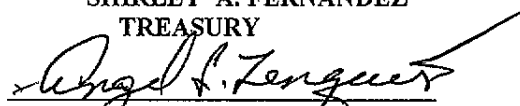
ANGEL LUIS ZENQUIS SR: 546 N.W 69 TERRACE, MaRGATE FL 33063
ANGEL L. ZENQUIS JR. :546 N.W 69 TERRACE, MARGATE FL 33063
SHIRLEY A. FERNANDEZ: 630 N. 70 TERRACE HOLLYWOOD FL 33024
GLADYS I. PEREZ : 546 N.W 69 TERRACE, MARGATE FL 33063
DIMPNA ZENQUIS: 546 N.W 69 TERRACE, MARGATE FL 33063

The undersigned incorporated (s) has (have) executed these Articles of Incorporation on
JULY 24, 2000

> 
ANGEL L. ZENQUIS JR.
PRESIDENT

> 
GLADYS I. PEREZ
VICE PRESIDENT

> 
SHIRLEY A. FERNANDEZ
TREASURY

> 
ANGEL L. ZENQUIS SR.
ADMINISTRATOR

> 
DIMPNA ZENQUIS
SECRETARY

FILED
00 AUG - 1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**PURSUANT TO THE PROVISION OF SECTION 607.0501 FLORIDA STATUTES THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED
AGENT, IN THE STATE OF FLORIDA**

1. The name of the Corporation is:

UNI-TRANS CARE, CORP

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

**Shirley Fernandez
546 NW 69 Terrace
Margate, FL 33063**

Having been named as registered agent and to accept service of process for the above stated corporation at designated in this certificate, I hereby accept the appointment as registered agent and agree too act in this capacity. I further agree to comply with 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.

Shirley Fernandez
Signature

7/25/00