

TRANSMITTAL LETTER

P01000110848

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

100004686281--8
-11/16/01--01098--003
*****78.75 *****78.75

SUBJECT: NCARE ~~Consulting~~ Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Noveltte Wallace
Name (Printed or typed)

7200 NW 45th Street
Address

Lauderhill, FL 33319
City, State & Zip

954-297-4572
Daytime Telephone number

01 NOV 16 AM 11:50
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

*Change Name
Per. Noveltte
Wallace
11/20/01*

*Correct R.A.
Per. Noveltte Wallace
11/20/01*

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NCARE Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7200 NW 45th Street, Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

20000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Novelette Wallace, M.P.H. - President + CEO - 70% owner
Mark Wallace - Vice President - 30% ownership

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Novelette Wallace
7200 NW 45th Street
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Novelette Wallace
7200 NW 45th Street
Lauderhill, FL 33319

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
01 NOV 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA