

PO1000115275

TRANSMITTAL LETTER

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

300004676153--9
-11/13/01--01037--010
*****78.75 *****78.75

SUBJECT: Caribbean Financial Corporation
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Veronica Sylvester
Name (Printed or typed)

6820 NW 34th St.
Address

Margate FL 33063
City, State & Zip

(954) 489-1542
Daytime Telephone number

FILED
01 DEC -5 AM 7:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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D. WHITE DEC - 5 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 6, 2001

VERONICA SYLVESTER
6820 NW 34 ST
MARGATE, FL 33063

SUBJECT: CARIBBEAN FINANCIAL CORPORATION
Ref. Number: W01000026065

We have received your document for CARIBBEAN FINANCIAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 001A00061333

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: ADVANTAGE HEALTH CARE CORPORATION
~~Caribbean Financial Corporation~~ R S

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6820 NW 34th St.
Margate, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Savings

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Veronica Sylvester
6820 NW 34th St.
Margate, FL 33063

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Veronica Sylvester
6820 NW 34th St.
Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Veronica Sylvester
6820 NW 34th St.
Margate, FL 33063

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

X Veronica Sylvester
Signature/Registered Agent

11/7/01
Date

X Veronica Sylvester
Signature/Incorporator

11/7/01
Date