

# TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6317  
Tallahassee, FL 32314

SUBJECT: MEDI STAR CARE, INC.  
(Proposed corporate name - must include suffix)

500005725835--7  
-06/07/02--01053--024  
\*\*\*122.50 \*\*\*\*\*78.75

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:

ZILIDA EUGENE

Name (printed or typed)

1821 NE 172 Street

Address

NM13 FL 33162

City, State & Zip

(305) 944-9349

Daytime Telephone number

02 JUL 18 AM 9:55  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 11, 2002

ZILIDA EUGENE  
1821 NE 172ND ST.  
N MIAMI BEACH, FL 33162

SUBJECT: MEDI STAR CARE, INC.  
Ref. Number: W02000016714

We have received your document for MEDI STAR CARE, INC.. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 802A00043128

## ARTICLES OF INCORPORATION

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:

MEDI STAR CARE, INC

FILED  
02 JUL 18 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

1821 NE 172 street

NMB PI 33162

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1 share

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MENELAS VILSAINT

1687 NE 181 STREET

NORTH MIAMI BEACH, FL 33162

**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):

ZILIDA EUGENE President  
KARLA JOSEPH SECRETARY  
TELI ELYSEE TREASURER  
PATRICK ELYSEE Vice President  
CAMAN ROCK CONSULTANT

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

4 day of 17, 19 02.

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

x Zilida Eugene  
Signature

x Karla Joseph  
Signature

x Teli Eugene  
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**

Pursuant to the provisions of Section 607.0501 or 617.0501, 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:

MEDI STAR CARE, INC.

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

MENELAS VILSAINI

(Name)

1687 NE 181 STREET

(P.O. Box NOT acceptable)

NORTH MIAMI BEACH, FL 33162

(City/State/Zip)

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*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.*

Bilida Eugene  
Signature

7/08/02  
Date