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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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2002 OCT 23 PM 4:17  
TALLAHASSEE STATE

**FLORIDA PROFIT CORPORATION OR P.A.****RAINBOW CARE CENTER, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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**OF**

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**RAINBOW CARE CENTER, INC.**

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: RAINBOW CARE CENTER, INC.

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation: 521 N.W. 195 Terrace, Miami, FL 33169.

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue are 5,000 shares common stock having an individual par value of 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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## ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: Desma Walker Davis, 521 N.W. 195 Terrace, Miami, FL 33169.

## ARTICLE VII

The name and address of the officers and initial board of directors shall be:

### **PRESIDENT**

Desma Walker Davis

521 N.W. 195 Terrace  
Miami, FL 33169

## ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Empire Corporate Kit of America, Inc.  
2444 N.W. 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 23rd day of OCTOBER, 2002.



INCORPORATOR

Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

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

STATE  
FLORIDA

RAINBOW CARE CENTER, INC.  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

  
REGISTERED AGENT

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