

Division of Corporations

Page 1 of 2

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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 : WILLIAM J. STRANGE  
Account Number : I19980000052  
Phone : (305) 267-2767  
Fax Number : (305) 267-2775

**FLORIDA PROFIT CORPORATION OR P.A.****MASTER CARE POOL, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
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## ARTICLE OF INCORPORATION OF

MASTER CARE POOL, INC.

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

### ARTICLE I NAME

The name of the corporation shall be:

MASTER CARE POOL, INC.

The principal place of business of this corporation shall be:

4041 S.W. 154<sup>TH</sup> COURT  
MIAMI, FLORIDA 33185

### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

### ARTICLE III CAPITAL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

| SHARES # | PAR VALUE | STOCK DESCRIPTION |
|----------|-----------|-------------------|
| 250      | \$1.00    | Common Stock      |

### ARTICLE IV TERM OF EXISTENCE

This corporation shall have perpetual existence.

### ARTICLE V OFFICERS DIRECTORS

WILLIAM J. STRANGE  
1325 S.W. 87<sup>TH</sup> AVENUE - MIAMI, FL 33174  
PHONE (305)267-2767  
FAX (305)267-2775

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The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

**BOARD OF DIRECTORS:**

| <b>OFFICER'S TITLE</b>    | <b>NAME</b>     | <b>ADDRESS</b>   |
|---------------------------|-----------------|--|
| President:                | CESAR A. LOZADA | 4041 S.W. 154 <sup>TH</sup> COURT<br>MIAMI, FLORIDA 33185  |
| Secretary Vice-President: | NORBERTO MORAN  | 15510 S.W. 59 <sup>TH</sup> STREET<br>MIAMI, FLORIDA 33193 |
| Treasury:                 | CESAR A. LOZADA | 4041 S.W. 154 <sup>TH</sup> COURT<br>MIAMI, FLORIDA 33185  |

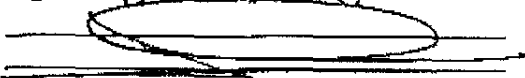
**ARTICLE VI INCORPORATOR(S)**

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

| <b>NAME</b>     | <b>ADDRESS</b>  |
|-----------------|---|
| CESAR A. LOZADA | 4041 S.W. 154 <sup>TH</sup> COURT<br>MIAMI, FLORIDA 33185 |

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 04 day of April, 2003.

Signature(s) of Incorporator(s)



WILLIAM J. STRANGE  
1325 S.W. 87<sup>TH</sup> AVENUE - MIAMI, FL 33174  
PHONE (305)267-2767  
FAX (305)267-2775

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

MASTER CARE POOL, INC.

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

NAME  
CESAR A. LOZADA

ADDRESS  
4041 S.W. 154<sup>TH</sup> COURT  
MIAMI, FLORIDA 33185

SIGNATURE

TITLE      PRESIDENT

DATE

04-04-03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

04-04-03

WILLIAM J. STRANGE  
1325 S.W. 87<sup>TH</sup> AVENUE - MIAMI, FL 33174  
PHONE (305)267-2767  
FAX (305)267-2775

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