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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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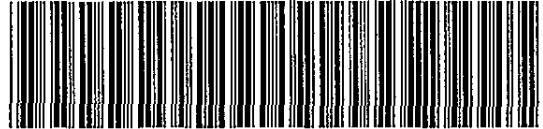
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

March 17, 2003

Dear Sirs:

Attached are the Articles of Incorporation and a check of \$ 78.75 covering the various fees to process my application for incorporation and certified copy and the certificate of Status.

Very truly yours,



Michel Benyamen

1851 Barnstable Rd.,  
Wilmington, FL 33414



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 27, 2003

MICHEL BENYAMEN  
1851 BARNSTABLE ROAD  
WILLINGTON, FL 33414

SUBJECT: UNIQUE HEALTH CARE SERVICES, INC.  
Ref. Number: W03000008811

We have received your document for UNIQUE HEALTH CARE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 603A00018710

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

**Article 1- Name**

The name of this corporation is: UNIQUE HEALTH CARE SERVICES, INC..

**Article 2-Purpose**

The nature of the business and, the objects and purposes proposed to be transacted, promoted and carried on, are to be any or all the things herein mentioned, as fully and to the same extent as natural persons might or could do, viz: "The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Florida".

**Article III – Capital Stock**

The amount of the total authorized capital stock of this corporation is 400 shares of no value.

200 Shares Michel Benyamen  
200 shares Mona Menyamen

**Article IV – Initial Registered Office and Agent**

The registered office in the State of Florida is to be located at

1851 Barnstable Rd.  
Wellington, FL 33414

The registered agent of this corporation at that address is  
Michel Benyamen.

This is also, the principal office address.

**Article V – Initial Board of Directors**

The power of the incorporate are to terminate upon filing of the articles of incorporation, and the names and mailing addresses of persons who are to

serve as directors until the first annual meeting of stockholders or until their successors are elected and qualify are as follows:

Michel Benyamen, 1851 Barnstable Rd., Wellington, FL 33414

#### Article VI – Incorporator

The name and address of the person signing the article is:

Michel Benyamen, 1851 Barnstable Rd., Wellington, FL 33414

#### Article VII – Indemnification

The corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

#### Article VIII – Amendment

This corporation deserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment hereto.

#### Article IX – Liability

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for breach of fiduciary duties unless the breach involves:

- 1) a director's duty of loyalty to the corporation or its stockholders;
- 2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law;
- 3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or
- 4) a transaction from which the director derived an important benefit.

The undersigned, for the purpose of forming a corporation under laws of the State of Florida, do make, file and record these Articles and to certify that the facts herein are true; and I have accordingly hereunto set my hand.  
I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Principal and Registered agent

STATE OF FLORIDA

COUNTY OF PALM BEACH

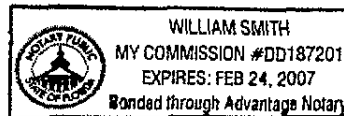
The foregoing instrument was acknowledged before me this 17 day of

MARCH, 2003, by Michael Benjamin

Incorporator/Registered Agent

William Smith

Signature of Notary Public-State of Florida



Print, Type, or Stamp Commissioned Name of Notary Public

Personally known \_\_\_\_\_ OR Produced Identification ☒ Type of

Identification Produced. DRIVERS LICENSE B555-545-68-335-0

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