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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

UNICARE HOME SUPPORT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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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:

UNICARE HOME SUPPORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

UNICARE HOME SUPPORT, INC.

9310 N.W. 31 Place

Sunrise, FL 33351

ARTICLE III SHARES

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

1,500 Shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marjory Stodard

9310 N.W. 31 Place

Sunrise, FL 33351

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Marjory Stodard, 9310 N.W. 31 Place, Sunrise, FL 33351 - President
Dorothy Stodard Daniels - 9310 N.W. 31 Place, Sunrise, FL 33351 - Vice President
Aldy Lilavois - 9310 N.W. 31 Place, Sunrise, FL 33351 - Secretary

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Marjory Stodard, 9310 N.W. 31 Place, Sunrise, FL 33351
Dorothy Stodard Daniels - 9310 N.W. 31 Place, Sunrise, FL 33351
Aldy Lilavois - 9310 N.W. 31 Place, Sunrise, FL 33351

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

18th day of February 2004.

Marjory Stodard
Marjory Stodard - Signature

Dorothy Stodard Daniels 2/19/03
Dorothy Stodard Daniels - Signature

Aldy Lilavois
Aldy Lilavois - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: UNICARE HOME SUPPORT, INC.

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

Marjory Stodard

Name

9310 N.W. 31 Place

(P.O. Box or Mail Drop Box NOT Acceptable)

Sunrise, FL 33351

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Marjory Stodard
Marjory Stodard
SIGNATURE

February 18, 2004
(Date)

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