

# P04000061213

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000076758 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

FILED  
2004 APR 12 A 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**hcs heal th services, inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000076758

ARTICLES OF INCORPORATION

OF  
HCS Health Services, Inc.

ARTICLE I. CORPORATE NAME.

The name of this corporation is: HCS Health Services, Inc.

Corporate Address: 7330 West 20<sup>th</sup> Avenue, Miami Lakes, Florida 33016

ARTICLE II. NATURE OF BUSINESS.

This corporation may engage in any activity of business permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE III. DURATION.

This corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the State of Florida. The date on which corporate existence shall begin is:

April 12<sup>th</sup>, 2004

ARTICLE IV. CAPITAL STOCK.

This corporation is authorized to issue shares of stock as follows:

- A. Designation: The stock of this corporation shall be known as Common Stock.
- B. Authorized: The maximum number of shares of Common Stock that this corporation may issue is: 500.
- C. Par Value: Each share of Common Stock shall have NO par value.
- D. Consideration: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or any other combination of the foregoing. In the absence of fraud in the transaction, the judgment of the Board of Directors as to the value of any such consideration shall be conclusive.
- E. Non-accessibility: Each share of Common Stock shall be issued in exchange for consideration, which is at least equal to the par value thereof, and shall be fully paid and non-assessable.
- F. Voting Rights: Each share of Common Stock shall entitle the record holder thereof, to one vote upon each proposal presented at meetings of the stockholders of the corporation.
- G. Dividends: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purpose.
- H. Liquidation Rights: Holders of Common Stock are entitled, in the event of liquidation or dissolution of this corporation, to receive their pro-rata share of any assets of this corporation remaining after payment of all corporate debts and obligations.

Prepared By:  
Costa & Associates, P.A.  
Helen G. Costa, Esq.  
FL Bar No.: 33863  
7330 W. 20<sup>th</sup> Avenue  
Miami Lakes, FL 33016-1835

H04000076758

**ARTICLE V. INITIAL REGISTERED AGENT AND OFFICE.**

The street address of the Initial Registered Office of this corporation is: **7330 West 20<sup>th</sup> Avenue, Miami Lakes, FL 33016-1835** and the name of the Initial Registered Agent of this corporation at that address is **Helen C. Costa, Esq.**

**ARTICLE VI. DIRECTORS.**

This corporation shall have initially **1 (One) Director**. The number of Directors may either increase or decrease, from time to time by the bylaws but shall never be less than one. The name and address of the Directors of this corporation are:

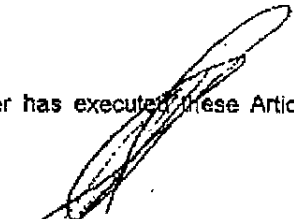
**~Director: Helen C. Costa, 7330 W. 20th Avenue, Miami Lakes, FL 33016**

**ARTICLE VII. INITIAL SUBSCRIBER**

The name and address of the Initial Subscriber of these Articles of Incorporation is:

**Helen C. Costa, 7330 W. 20th Avenue, Miami Lakes, FL 33016**

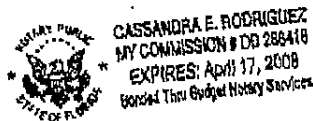
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 12th day of April 2004.

  
\_\_\_\_\_  
Helen C. Costa, Subscriber

STATE OF FLORIDA        )  
                                  )SS:  
COUNTY OF MIAMI DADE    )

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and takes acknowledgments, personally appeared Helen C. Costa, known to me to be the persons described in an who executed the foregoing instrument, who acknowledged before me that they executed the same, that I relied upon the following form of identification of the above-named persons: D.L.#: FL 11111111, and that an oath (was)(was not) taken.

Witness my hand and seal in the County and State last aforesaid this 12th day of April 2004.



  
\_\_\_\_\_  
NOTARY SIGNATURE

Printed Notary Signature

H04000076758

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT-REGISTERED OFFICE**

First - That HCS Health Services, Inc., desiring to organize under the laws of the State of Florida with its principal office, as indicated in these Articles of Incorporation has named Helen C. Costa, Esq. located at 7330 W. 20<sup>th</sup> Avenue, Miami Lakes, FL 33016 Miami-Dade County State of Florida, as its agent to accept service of process within this state.

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.

SIGNATURE:

Helen C. Costa, Esq., Registered Agent

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF MIAMI DADE, )

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Helen C. Costa, Esq. known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following form of identification of the above-named person: D.L.# [Signature], and that an oath (was) (was not) taken.

Witness my hand and seal in the County and State last aforesaid this 12<sup>th</sup> day of April 2004.



CASSANDRA E. RODRIGUEZ  
MY COMMISSION # DO 286418  
EXPIRES: April 17, 2006  
Florida Thru Budget Notary Services

2004 APR 12 8:15  
FILED  
NOTARY SIGNATURE  
PRINTED NAME  
COUNTY OF MIAMI  
DADE  
FLORIDA

H04000076758