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07 AUG -9 PM 2:54  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

CB 8-10

## TRANSMITTAL LETTER

.. Department of State  
.. Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Max Support Coordinators Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: Clarissa Nunez  
Name (Printed or typed)

15115 SW 87 CT.  
Address

MIAMI, FLA 33176  
City, State & Zip

305-278-9699  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

04 AUG -9 PM 2: 54

OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAX SUPPORT COORDINATORS INC.

These Articles of Incorporation are signed and acknowledged by the incorporators for the purpose of forming a for-profit corporation under the provisions of Florida Law, as follows:

ARTICLE I

The name of this Corporation is: MAX SUPPORT COORDINATORS INC.

ARTICLE II

The street address/mailling address and principal place of business of the initial office of this corporation is: 15115 S.W. 87<sup>th</sup> Court, Miami, Florida 33176

ARTICLE III

The Corporation is organized for the purpose of providing support coordination for Medicaid waiver clients in the State of Florida.

ARTICLE IV

The Corporation is authorized to issue one-hundred (100) shares of common stock with par value of \$1.00 per share.

ARTICLE V

This Corporation shall have one Officer/Director initially. The numbers of officers and directors may be increased or diminished from time to time as provided in the By-Laws of the Corporation, but shall never be less than one. The name and addresses of the initial Officer/Director of the Corporation are as follows:

Name

Address

Clarissa Nunez

15115 S.W. 87<sup>th</sup> Court  
Miami, Florida 33176

**ARTICLE VI**

The name and address of the initial Registered Agent is as follows:

<u>Name</u>	<u>Address</u>
Clarissa Nunez	15115 S.W. 87 <sup>th</sup> Court Miami, Florida 33176

**ARTICLE VII**

The names and addresses of the initial incorporators are as follows:

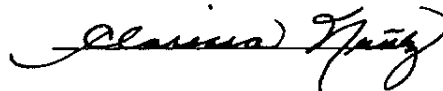
<u>Name</u>	<u>Address</u>
Clarissa Nunez	15115 S.W. 87 <sup>th</sup> Court Miami, Florida 33176

The undersigned incorporators have executed these Articles of Incorporation this 5<sup>th</sup> day of August, 2004.

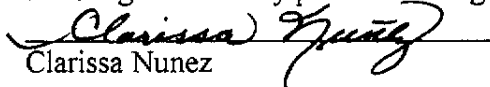
Incorporators

Signatures of Incorporators

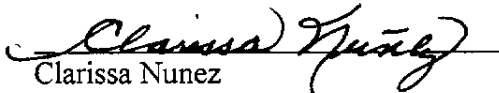
Clarissa Nunez



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 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.

  
Clarissa Nunez

Aug 5, 2004  
Date

  
Clarissa Nunez

Aug 5, 2004  
Date

STATE OF FLORIDA       )  
                                      )ss  
COUNTY OF DADE       )

BEFORE ME, the undersigned authority, personally appeared Clarissa Nunez  
before me and known to me to be the individual described herein, and who executed the foregoing  
Articles of Incorporation and who acknowledged before me that she executed the same for the  
purposes therein expressed.

IN WITNESS WHEREOF. I have hereunto affixed my hand and official seal at Miami,  
Miami-Dade County, Florida, this 5th day of August, 2004.

Kim Marino  
NOTARY PUBLIC, State of Florida  
At Large

My Commission Expires:

