

P04000118627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

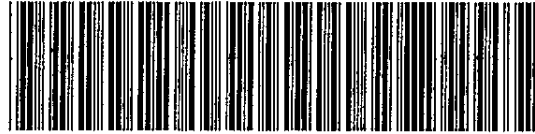
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

7
D. WHITE AUG 16 2004



700039724557

08/16/04--01027--001 **70.00

FILED
2004 AUG 16 P 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: US HEALTHCARE OF FLORIDA, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FLORA SAMPANG
Name (Printed or typed)

1210 NW 100 AVE
Address

PEMBROKE PINES, FL. 33024
City, State & Zip

954-432-0588
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2004 AUG 16 P 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

US HEALTHCARE OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1210 NW 100 AVE.

PEMBROKE PINES, FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS
PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FLORA L. SAMPANG
DIRECTOR & PRESIDENT

1210 NW 100 AVE.

PEMBROKE PINES, FL. 33024

ALFREDO C. SAMPANG
DIRECTOR & VICE PRES.

15241 WAVERLY AVE.

MIDLOTHIAN, IL. 60445

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

FLORA L. SAMPANG

1210 NW 100 AVE

PEMBROKE PINES, FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FLORA L. SAMPANG

1210 NW 100 AVE

PEMBROKE PINES, FL. 33024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Flora L. Samping
Signature/Registered Agent

8-12-04
Date

Flora L. Samping
Signature/Incorporator

8-12-04
Date