

P05000062628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

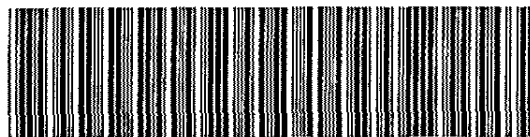
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100051353621

04/26/05--01054--002 **87.50

05 APR 26 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: ULTRALIFE SUPPORT COORDINATION, 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: KAREN WILDS-SYLVAIN

Name (Printed or typed)

8250 SW 5th Street

Address

North Lauderdale, FL 33068

City, State & Zip

(954)254-6516

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

05 APR 26 AM 9: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ULTRALIFE SUPPORT COORDINATION, INC.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8250 SW 5th Street
North Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Assessing supports and services for persons with disabilities.

ARTICLE IV SHARES

The number of shares of stock is:
One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karen Wilds-Sylvain
8250 SW 5th Street
North Lauderdale, FL 33068

Title: Medicaid Waiver Support Coordinator

ARTICLE VI REGISTERED AGENT

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

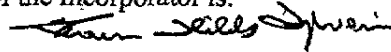
Karen Wilds-Sylvain
8250 SW 5th Street
North Lauderdale, FL 33068



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen Wilds-Sylvain
8250 SW 5th Street
North Lauderdale, FL 33068



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



Signature/Registered Agent

04.20.05

Date



Signature/Incorporator

04.20.05

Date