

PD6000099113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

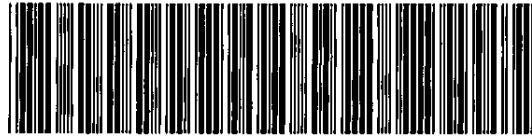
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/27/06--01006--007 **78.75

RECEIVED
06 JUL 27 AM 10:21
FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 JUL 27 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP 7-28

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. United Care Corporation
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

UNITED CARE CORPORATION

FILED
06 JUL 27 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, subscribers to these Articles of Incorporation are natural persons competent to contract and do hereby associate themselves to form a corporation under the laws of the State of Florida.

ARTICLE I

The name of this Corporation is: **UNITED CARE CORPORATION**

ARTICLE II

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

ARTICLE III

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is **FIVE HUNDRED SHARES** with no par value.

ARTICLE IV

This Corporation is to exist perpetually.

ARTICLE V

The amount of capital with which this Corporation will begin business is: **ONE THOUSAND DOLLARS, (\$1,000.00).**

ARTICLE VI

The initial post office address of the principal office of this corporation is: 6230 W. 18 Avenue, Hialeah, Fl. 33012.

ARTICLE VII

This Corporation shall have two Directors initially. The number of Directors may be increased from time to time by by-laws adopted by the stockholders, but shall never be more than ten or less than one.

ARTICLE VIII

The names and post office of the initial members of the First Board of Directors are:

NAMES:

ADDRESS:

OFFICER:

Wilson Acosta

**6230 W. 18 Avenue
Hialeah, Fl 33012**

**President/
Treasurer**

Jean Acosta

**6230 W. 18 Avenue
Hialeah, Fl 33012**

**Vice-Pres/
Secretary**

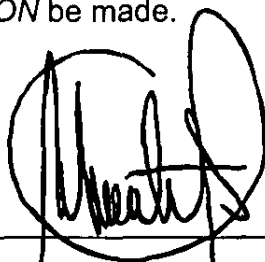
ARTICLE IX

The names and post office address of the subscribers of these articles of Incorporation, the number of shares of stock that they agree to take, and the value of the consideration, therefore, are:

NAMES:	ADDRESS	SHARES
Wilson Acosta	6230 W. 18 Avenue Hialeah, FI 33012	250
Jean Acosta	6230 W. 18 Avenue Hialeah, FI 33012	250

ARTICLE X

This *ARTICLES OF INCORPORATION* may be amended in the manner provided by the law every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all of the Directors and Stockholders sign a written statement their intention that certain amendment of these *ARTICLES OF INCORPORATION* be made.




Wilson Acosta
President/Treasurer

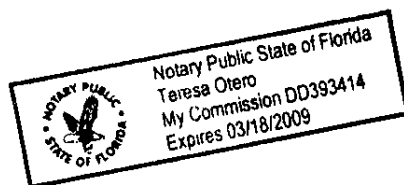
STATE OF FLORIDA }
 SS
COUNTY OF MIAMI-DADE }

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and the County named above to take acknowledgments, personally appeared **Wilson Acosta**, to me known to be the person described as subscriber in and who executed the foregoing *ARTICLES OF INCORPORATION*, and acknowledged before me that he subscribed to those *ARTICLES OF INCORPORATION*.

Witness my hand and official seal in this County and State named above this 25th day of July 2006.



TERESA OTERO
NOTARY PUBLIC-STATE OF FLORIDA AT LARGE



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06 JUL 27 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATION DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON PROCESS MAYBE SERVED.**

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:

That **UNITED CARE CORPORATION**, desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, at City of Hialeah, County of Miami-Dade, State of Florida, has named Wilson Acosta at 6230 W. 18 Avenue, Hialeah, FL 33012 as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keep open said office.

By: _____


Wilson Acosta