

PO70000819991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

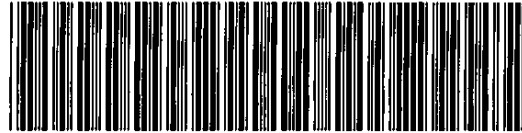
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AKIVA'S UNIQUE HEALTHCARE SERVICES, 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: YVONNE A. HENRY-GREEN
Name (Printed or typed)

2790 SOMERSET DRIVE SUITE Q207
Address

LAUDERDALE LAKES FL 33311
City, State & Zip

(954) 319-1959
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)

ARTICLE I NAME

The name of the corporation shall be:

AKIVA'S UNIQUE HEALTHCARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2790 SOMERSET DR. SUITE Q207 LAUDERDALE LAKES FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE CARE FOR PERSONS WITH DISABILITIES

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

YVONNE A. HENRY-GREEN
PRESIDENT/OWNER

2790 SOMERSET DR. SUITE Q207 LAUDERDALE LAKES, FL 33311

ARTICLE VI REGISTERED AGENT

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

YVONNE A. HENRY-GREEN
2790 SOMERSET DR. SUITE Q207
LAUDERDALE LAKES FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVONNE A. HENRY-GREEN
2790 SOMERSET DR. SUITE Q207
LAUDERDALE LAKES FL 33311

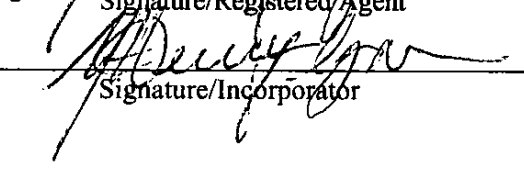
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01-15-07

Date



Signature/Incorporator

01-15-07

Date

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07 FEB 12 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA