

P080000064538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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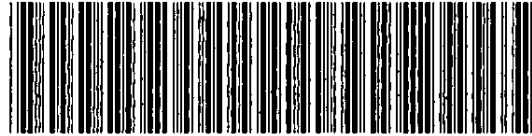
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pa

## COVER LETTER

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

**SUBJECT:** IMAN CARE 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:** CARLOS ALEJANDRO HANSSEN

Name (Printed or typed)

4921 SW 195th Terrace

Address

Southwest Ranches, FL 33332

City, State & Zip

954-445-2291

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

IMAN CARE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4921 SW 195th Terrace, Southwest Ranches, FL 33332

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CARRY ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATIONS ACT.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000, ALL OF WHICH SHALL BE COMMON SHARES WITH A PAR VALUE OF ONE DOLLAR.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CARLOS ALEJANDRO HANSSEN, 4921 SW 195th Terrace Southwest Ranches, FL 33332 (PRESIDENT)

PABLO JAVIER HANSSEN, 214 Lakeside Circle, Sunrise, FL 33326 (VICE PRESIDENT)

### **ARTICLE VI REGISTERED AGENT**

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

PABLO JAVIER HANSSEN, 214 Lakeside Circle, Sunrise, FL 33326

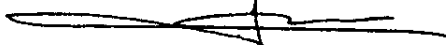
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CARLOS ALEJANDRO HANSSEN, 4921 SW 195th Terrace Southwest Ranches, FL 33332

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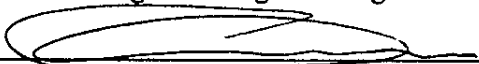
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

7/3/2008

Date



Signature/Incorporator

7/3/2008

Date