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2008 SEP 25 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P. Burch SEP 25 2008

## COVER LETTER

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

SUBJECT: Facil Med 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: Marisol Uribe  
Name (Printed or typed)

1700 S. Surf Rd. #6  
Address

Hollywood, FL 33019  
City, State & Zip

(786) 521-9436  
Daytime Telephone number

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

FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2008 SEP 25 PM 4:15

### ARTICLE I NAME

The name of the corporation shall be: Facil Med Care, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1700 S. Surf Rd. #6  
Hollywood, FL 33019

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing services and assisting individuals with certain Pharmaceutical Programs.

### ARTICLE IV SHARES

The number of shares of stock is: 10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Marisol Uribe V.P.  
1700 S. Surf Rd. #6  
Hollywood, FL 33019

### ARTICLE VI REGISTERED AGENT

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

Marisol Uribe  
1700 S. Surf Rd. #6  
Hollywood, FL 33019

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marisol Uribe  
1700 S. Surf Rd. #6  
Hollywood, FL 33019

\*\*\*\*\*

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

Marisol Uribe

Signature/Registered Agent

Marisol Uribe

Signature/Incorporator

9/23/08

Date

9/23/08

Date