Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC Account Number : I20070000160

Phone : (800)494-3124

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FLORIDA PROFIT/NON PROFIT CORPORATION

Family Care Group Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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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:

FAMILY CARE GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17921 NW 51ST PLACE OPA LOCKA, FLORIDA 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR

MARIA ELENA MOSQUERA

17921 NW 51ST PLACE

OPA LOCKA, FLORIDA 33055

VICE PRESIDENT, SECRETARY

JAMILETTE POMERANTZ

17921 NW 51ST PLACE

OPA LOCKA, FLORIDA 33055

PRESIDENT

RAMIRO TORRES

17921 NW 51ST PLACE

OPA LOCKA, FLORIDA 33055

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA ELENA MOSQUERA 17921 NW 51ST PLACE OPA LOCKA, FLORIDA 33055

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MARIA ELENA MOSQUERA 17921 NW 51ST PLACE OPA LOCKA, FLORIDA 33055

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.

MARIA ELENA MOSQUERA / Registered Agent

MARIA ELENA MOSQUERA /Incorporator

109 67/09