

P10000101408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MCARE ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

10 DEC 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

10 DEC 15 PM 4:30
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

1/11

COVER LETTER

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

SUBJECT: MCare Associates, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Eliezer Mendelsohn
Name (Printed or typed)

6000 Island Blvd., Apt 1207
Address

Aventura, Florida 33160
City, State & Zip

201-919-3948
Daytime Telephone number

eliemen@aol.com
E-mail address: (to be used for future annual report notification)

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

Fax Server
APPROVED
AND
FILEDARTICLES OF INCORPORATION 10 DEC 15 PM 3:33
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME** MCaro Associates, Inc.
The name of the corporation shall be:SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address
6000 Island Blvd.
Apt. 1207
Aventura, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any general business purpose for which a corporation may operate in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Eliczer Mendelsohn, President
Address: 6000 Island Blvd., Apt. 1207
Aventura, FL 33160Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:**ARTICLE VI REGISTERED AGENT**

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

Name: Eliczer Mendelsohn
Address: 6000 Island Blvd., Apt. 1207
Aventura, Florida 33160**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary Redish, Esq. @ Winne Banta, Et al.
Address: 21 Main Street
Hackensack, NJ 07601

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

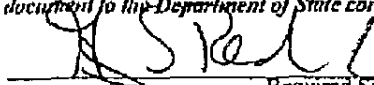
By:



Required Signature/Registered Agent

12/15/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/15/10
Date