

P10000103736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

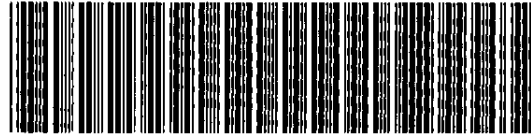
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600185464026

09/20/10--01014--011 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 28 A 10:45

FILED

11-44278

COVER LETTER

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

SUBJECT: Multicultural Alliance Health Care Solutions 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: Gustavo Estrada
Name (Printed or typed)

3712 Cypress Fern Way
Address

Coral Springs, Florida 33065
City, State & Zip

201-372-9600
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 28 A 10:45

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

GUSTAVO ESTRADA
3712 CYPRESS FERN WAY
CORAL SPRINGS, FL 33065

SUBJECT: MULTICULTURAL ALLIANCE HEALTH CARE SOLUTIONS INC.
Ref. Number: W10000044278

We have received your document for MULTICULTURAL ALLIANCE HEALTH CARE SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 710A00022486

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:

Multicultural Alliance Health Care Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

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

3712 Cypress Fern Way

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To address the diversity needs of surrounding communities by
providing bilingual and cultural competent
services.

ARTICLE IV SHARES

The number of shares of stock is:

Two shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gustavo Estrada
President/Board of Director
88 Rolling Views Dr.
Woodland Park, NJ 07424

ARTICLE VI REGISTERED AGENT

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

Gustavo Estrada
3712 Cypress Fern Way
Coral Springs, Florida 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gustavo Estrada
88 Rolling Views Dr.
Woodland Park, NJ 07424

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 28 A 10:45

FILED

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



Signature/Incorporator

11/5/10
Date

11/5/10
Date