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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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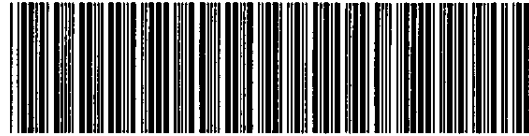
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/12--01032--015 **70.00

FILED
2012 JUN 18 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 19 2012

COVER LETTER

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

SUBJECT: **SOUTH BLEACH, 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: **GLENN R. LUISI**

Name (Printed or typed)

690 LANGTREE ROAD

Address

MOORESVILLE, NC 28117

City, State & Zip

704-895-0626

Daytime Telephone number

jon@medcareinc.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SOUTH BLEACH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
100 PLAZA REAL SOUTH #203
BOCA RATON, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Porush - President
Address: 100 Plaza Real South #203
Boca Raton, FL 33432

Name and Title: Kevin Goetz - Secretary CEO
Address: 940 Sweetwater Ln #413
Boca Raton, FL 33431

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:

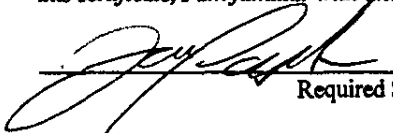
Name: Jonathan Porush
Address: 100 Plaza Real South #203
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Porush
Address: 100 Plaza Real South #203
Boca Raton, FL 33432

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




Required Signature/Registered Agent

6/8/12

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

6/8/12

Date

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