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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2013

ROOSEVELT VINCENT
20130 N.E. 3RD COURT
MIAMI, FL 33179

SUBJECT: MEDICAID SPECIALIST AND SENIOR CARE INCORPORATION
Ref. Number: W13000037574

We have received your document for MEDICAID SPECIALIST AND SENIOR CARE INCORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 713A00016309

COVER LETTER

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

SUBJECT: Medicaid Specialist and Senior Care Incorporation
(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: Roosevelt Vincent
Name (Printed or typed)
20130 N.E. 3rd Court
Address
Miami, Florida 33179
City, State & Zip
305-305-6548
Daytime Telephone number
greg_keke_veve@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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: Medicaid Specialist and Senior Care Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

20130 N.E 3rd Court #7

Miami, Florida 33179

Mailing address, if different is:

20130 NE 3rd Court #7

Miami, Florida 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roosevelt Vincent- President

Address: 20130 NE 3rd Court #7
Miami, Florida 33179

Name and Title: Eartha Dumond- Vice President

Address: 320 NW 3 Court
Hallandale Beach, Florida 33009

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Roosevelt Vincent
Address: 20130 N.E. 3rd Court #7
Miami, Florida 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eartha Dumond
Address: 320 NW 3rd Court
Hallandale Beach, Florida 33009

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]
Required Signature/Registered Agent

07-08-13
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.

[Signature]
Required Signature/Incorporator

7/08/13
Date