

P130000083461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

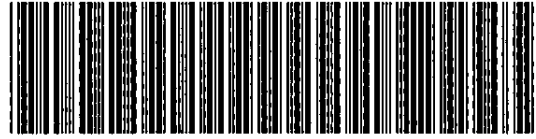
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MD 10/10

COVER LETTER

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

SUBJECT: FAMILY CARE SOLUTION 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: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 201D
Address
MIAMI FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

October 3, 2013

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

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13 OCT -9 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: P12000064431 Family Care Solution Inc

To whom it may concern:

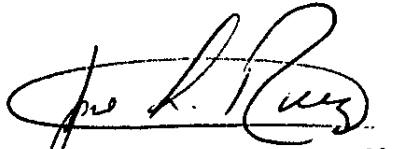
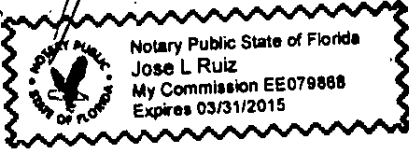
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Emma V. Millian

Notary Public State of Florida
Jose L. Ruiz
My Commission EE079888
Expires 03/31/2015

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 SOLUTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

10297 SW 34 STREET
MIAMI FLORIDA 33165

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D
MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

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TALLAHASSEE, FLORIDA
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Tax ID# 46-0802916

ARTICLE IV SHARES

The number of shares of stock is: 100@ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMMA Y MILIAN, PRES Name and Title: _____

Address 10297 SW 34 STREET Address: _____
MIAMI FLORIDA 33165

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: EMMA Y MILIAN

Address: 10297 SW 34 STREET
MIAMI FLORIDA 33165

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 TALLAHASSEE, FLORIDA


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMMA Y MILIAN

Address: 10297 SW 34 STREET
MIAMI FLORIDA 33165

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

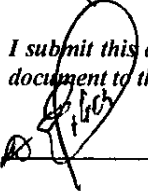


Required Signature/Registered Agent

10/03/2013

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

10/03/2013

Date