

P 13000093176

(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:  
  
*Letter to R/Asy. Ecker*

Office Use Only



100252527591

10/15/13--01020--003 \*\*78.75

RECEIVED  
13 NOV 18 AM 8:52

*[Handwritten signature]*  
11-1813

**COVER LETTER**

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

**SUBJECT: THERACARE HEALTH SERVICES 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Star Taxes Inc  
Name (Printed or typed)

7333 CORAL WAY Suite 107  
Address

Miami, Fl 33155  
City, State & Zip

(305) 974-7827  
Daytime Telephone number

STAR.TAXES@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2013

STAR TAXES INC  
7333 CORAL WAY  
SUITE 107  
MIAMI, FL 33155

SUBJECT: THERACARE HEALTH SERVICES INC  
Ref. Number: W13000057911

RECEIVED  
13 OCT 31 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THERACARE HEALTH SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00024365

**STAR TAXES INC**  
12912 SW 133 CT  
Miami, Fl 33186  
Ph. (305) 974 7827 Cell (786) 306-8728  
E-mail star.taxes@yahoo.com

Miami, November 15 2013

FLORIDA DEPARTMENT OF STATE  
Division of corporations  
Attn Ms. Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section  
Fax: 850-245-6804

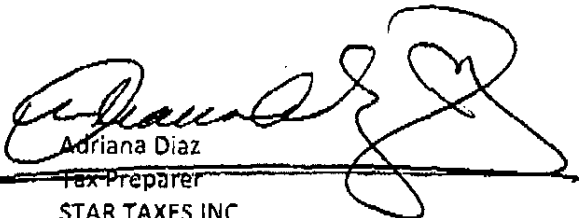
**Ref: THERACARE HEALTH SERVICES INC REF NUMBER W13000057911**

According to our conversation I am informing you that the owner of the company referenced above Ms. Maria Gabriela Quintana will not reinstate the old corporation so she releases the name in order to be used for the new corporation she filed.

Please confirm to fax 305 388-3407 that you received this letter.

Thanks in advance for your help

Cordially

  
Adriana Diaz

Tax Preparer

STAR TAXES INC  
786 306-8728

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

THERACARE HEALTH SERVICES INC.

13 NOV 18 AM 8:58

Mailing address, if different is:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10730 NW 66 ST  
APT # 105  
DORAL FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 500 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria Gabriela Quintana - President Name and Title: \_\_\_\_\_  
Address: 10730 NW 66 St Address: \_\_\_\_\_  
Apt # 105  
Doral, FL 33178

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Maria Gabriela Quintana  
Address: 10730 NW 66 St  
Doral, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Gabriela Quintana  
Address: 10730 NW 66 St  
Doral, FL 33178

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

Maria Gabriela Quintana  
Required Signature/Registered Agent

10/25/13  
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.

Maria Gabriela Quintana  
Required Signature/Incorporator

10/25/13  
Date