## P14600037368

(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



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DIVISION DE BORFER AMIGNE

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

March 22, 2014

6347 Barton Creek Circle Lake Worth, FL 33463

Dear Sir/Madam:

I am writing to inform you that I do not intend on reinstating the corporation "Vicare Corp" with document number P12000004047.

Instead, I am filing the enclosed articles of incorporation for a new Florida corporation with the same name, "Vicare Corp" Enclosed is my \$70 filing fee.

Thank you.

Violeta E Gonzalez

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Vica	are Corp		
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM: V	ioleta E Gonzale		
	Nam	e (Printed or typed)	
63	347 Barton Cree	k Circle	
		Address	
La	ake Worth, FL 33		
	City	, State & Zip	
56	61-601-0416		

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

Daytime Telephone number

eudaldo61@gmail.com

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

\* }

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

name of the corpor	ME Vicare Corp			
TICLE II PR	INCIPAL OFFICE  Principal <u>street</u> address  Creek Circle	Mailing address, if different is:		
ake Worth,	FL 33463			
TICLE III PUI	RPOSE the corporation is organized is: Any and	all lawful bu	siness.	
				NOISIAR
			Z & A #	— <u>~</u> ? 7.89
			<b>9</b> 9:	STATE
TICLE IV SH number of shares of	ARES 1000			
number of shares of	TIAL OFFICERS AND/OR DIRECTOR			
number of shares of	TIAL OFFICERS AND/OR DIRECTOR le: Violeta E Gonzalez, President 6347 Barton Creek Circle	Name and Title:		
number of shares of the shares of the shares of the share and Tite of the share and Tite of the shares of the shar	r <sub>stock is:</sub> 1000 TIAL OFFICERS AND/OR DIRECTOR le: Violeta E Gonzalez, President	Name and Title:		
number of shares of the shares	TIAL OFFICERS AND/OR DIRECTOR le: Violeta E Gonzalez, President 6347 Barton Creek Circle	Name and Title: Address:		
number of shares of the shares	TIAL OFFICERS AND/OR DIRECTOR le: Violeta E Gonzalez, President 6347 Barton Creek Circle Lake Worth, FL 33463	Name and Title: Address:  Name and Title:		
number of shares of TICLE V IN Name and Tit Address  Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR le: Violeta E Gonzalez, President 6347 Barton Creek Circle Lake Worth, FL 33463	Name and Title: Address:  Name and Title: Address:		

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Violeta E Gonzalez	
Address:	6347 Barton Creek Circle	_
	Lake Worth, FL 33463	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Violeta E Gonzalez	
Address:	6347 Barton Creek Circle	
	Lake Worth, FL 33463	
this certificate, I a	Required Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	3/23/14 Date  True. I am aware that the false information submitted in a
	Violetra Cyonalder Required Signature/Incorporator	3/27/14 Date