

P14000050630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

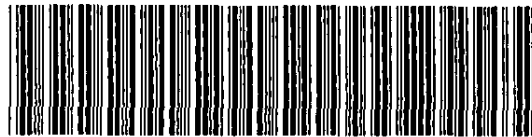
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260860517

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06/12/14--01002--015 **78.75

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2014 JUN 12 AM 11:33

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14 JUN 12 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/13/14

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

6-12-14

- ☒ CERTIFIED COPY _____
- ☐ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Inc. _____

1. Carecare of Palm Beach County Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: OurCare of Palm Beach County 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 ☐ \$78.75
Filing Fee 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
ADDITIONAL COPY REQUIRED	

FROM: Arcare Inc.- Andrew Caiano
Name (Printed or typed)
271 North Avenue, Suite 304
Address
New Rochelle, NY 10801
City, State & Zip
914 576-5051
Daytime Telephone number
legal@arcare.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: OurCare of Palm Beach County Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

271 North Avenue, Ste 304

New Rochelle, NY 10801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide health staffing and any lawful act or activity which may be allowed

ARTICLE IV SHARES 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Caiano

Name and Title: Director

Address 271 North Avenue, Ste 304
New Rochelle, NY 10801

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont)

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: UCC Filing & Search Services, Inc.
Address: 1574 Village Square Blvd, Suite 100
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vera B. Ray
Address: Colby Attorneys Service Co., Inc.
111 Washington Ave., Suite 703
Albany, NY 12210

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TALLAHASSEE, FLORIDA

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

Ed Hand, Pres
Required Signature/Registered Agent Col 220

6/11/2014
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.

Vera B. Ray
Required Signature/Incorporator

6/11/2014
Date