

15/2032 04:02

148 P.001/003

Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

P1400007333

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE,  
Account Number : I20000000019  
Phone : (305) 552-5973  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
AMERICARE CENTER, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:Americare Center, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7455 West Flagler St  
Suite B  
MIAMI FL 33144-2464**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pablo Orozco (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Pablo Orozco  
7455 West Flagler St Suite B  
MIAMI FL 33144-2464**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pablo Orozco  
7455 West Flagler St Suite B  
MIAMI FL 33144-2464

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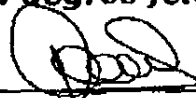
**Required Signatures:**

**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**

  
\_\_\_\_\_  
Registered Agent

09/03/2014  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Incorporator

09/03/2014  
\_\_\_\_\_  
Date

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