

P15000001026

(Requestor's Name)

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(City/State/Zip/Phone #)

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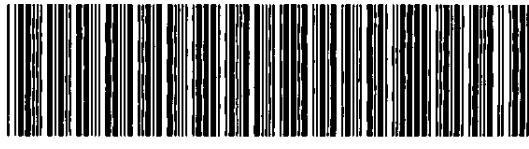
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -5 PM 3:38
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J 1/6/15

COVER LETTER

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

SUBJECT: UNIVERSAL HEALTH CARE SOLUTIONS, 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: UNIVERSAL HEALTH CARE SOLUTIONS, INC.

Name (Printed or typed)

3411 NW. 9th AVE Suite 705

Address

FT LAUDERDALE, FL. 33309

City, State & Zip

954-980-6754

Daytime Telephone number

RYANLEEJOHNSTON@GMAIL.COM

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

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

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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 shall be: UNIVERSAL HEALTH CARE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3411 NW. 9th AVE
Suite 705
FT. LAUDERDALE, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN SOBELMAN/PRESIDENT

Name and Title: _____

Address 704 Heritage Way
WESTON, FL. 33326

Address: _____

Name and Title: RYAN L JOHNSTON/VICE PRES

Name and Title: _____

Address 1113 N.W. 117th AVE
CORAL SPRINGS, FL. 33071

Address: _____

Name and Title: DIANE HICKEY/SEC/TREAS

Name and Title: _____

Address 8920 Parkside Estates Drive
DAVIE, FL. 33328

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: CAROLYN NICOTRA

Address: 8948 SW. 21st COURT UNIT A
BOCA RATON, FL. 33433

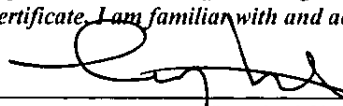
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN NICOTRA

Address: 8948 SW. 21st COURT UNIT A
BOCA RATON, FL. 33433

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

1/2/2015
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

1/2/2015
Date

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