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COVER LETTER

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

SUBJECT: MED-CARE OUTLET, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GLENN R. LUISI

Name (Printed or typed)

14980 U.S. HIGHWAY 17 N, SUITE 5

Address

HAMPSTEAD, NC 28443

City, State & Zip

704-904-0760

Daytime Telephone number

grluisi_pa@bellsouth.net

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: MED-CARE OUTLET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
901 YAMATO ROAD, SUITE 101
BOCA RATON, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation may transact any and all lawful business for which
corporations may be incorporated under the Laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa M. Porush - President

Address: 5235 Princeton Way
Boca Raton, FL 33496

Name and Title: Lorri B. Silverman - Vice President

Address: 1465 N. Ocean Blvd.
Gulfstream, FL 33483

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Lisa M. Porush
Address: 5235 Princeton Way
Boca Raton, Fl 33496

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lisa M. Porush
Address: 5235 Princeton Way
Boca Raton, Fl 33496

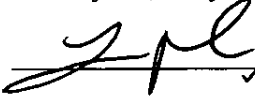
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

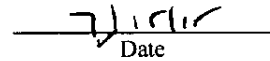
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

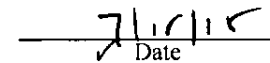


Date

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



Date