

P16000070236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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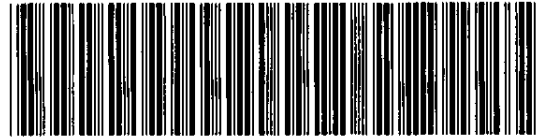
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/25/16

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-24-16

ENTITY NAME:

OURCARE of FLORIDA, INC.

****PLEASE FILE THE ATTACHED AND RETURN:****

X

Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 76

CHECK NUMBER: 2007

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

1950

FILED

ARTICLES OF INCORPORATION

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

16 AUG 24 PM 1:44

ARTICLE I NAME

The name of the corporation shall be: OurCare of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1901-A East 7th Avenue
Tampa, Florida 33605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Caiano, President

Name and Title: _____

Address 22C Putnam Green
Greenwich, CT 06830

Address: _____

Name and Title: Domenic Colavito, Secretary

Name and Title: _____

Address 1053 East Main Street
Shrub Oak, New York 10588

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Andrew Caiano

Address: 1901-A East 7th Avenue
Tampa, Florida 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew Caiano

Address: 22C Putnam Green
Greenwich, CT 06830


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

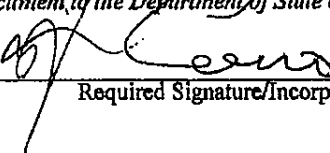


Required Signature/Registered Agent

August , 2016

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

August , 2016

Date

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16 AUG 24 PM 4:44