

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
Fax Number : (305)675-5944

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**UNLIMITED HEALTHCARE CENTER, CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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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:

Unlimited Healthcare Center, Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

25001 SW 127 AVE

suite 101

Homestead FL - 33032

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Pablo A Orozco (P)

Jelliezet Orozco (VP)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Pablo A Orozco

25001 SW 127 AVE

suite #101 Homestead FL 33032

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Pablo A Orozco

25001 SW 127 AVE suite # 101

Homestead FL 33032

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

8/29/16

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

08/29/16

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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