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LAZARUS

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
UNLIMITED CARE OF MIAMI INC**

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

2017 OCT 16 AM 10:52

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Unlimited Care of Miami Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3850 SW 87th Ave S-103  
Miami FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Enrique Moreno Menendez (P)  
  
  
  
  

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

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

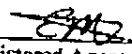
Enrique Moreno Menendez  
3850 SW 87th Ave S-103  
Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Enrique Moreno Menendez  
3850 SW 87th Ave S-103  
Miami FL 33165

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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 Agent10/16/17  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator10/16/17  
\_\_\_\_\_  
Date

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