

P18000002710

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

42 Collins Avenue Care Inc

N. SAMS

JAN 10 2018

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

JAN 9 2018

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: 42 Collins Avenue Care Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

400 Rella Blvd, Suite #200400 Rella Blvd, Suite #200Montebello, NY 10901Montebello, NY 10901**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful activity**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Bleich, President

Name and Title: _____

Address 400 Rella Blvd, Suite #200

Address: _____

Montebello, NY 10901

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vcorp Services, LLC

Address: 5011 South State Road 7, Suite 106

Davie, FL 33314

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Michael Bleich

Address: 400 Rella Blvd, Suite #200

Montebello, NY 10901

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

1/02/2018

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

01/02/2018

Date

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DEPT. OF STATE

TALLAHASSEE, FLORIDA