

Shon

**P190000080301**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000316967 3)))



H190003169673ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-308E

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

Email Address: ilya@united-accounting.com

FILED  
19 OCT 25 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CAB CARE MGT INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H19000316967 3

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**CAB CARE MGT INC**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**17885 COLLINS AVE, APT 4301  
SUNNY ISLES BEACH, FL 33160**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**500 Shares at no par value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ELLA GLEIZER  
17885 COLLINS AVE APT 4301  
SUNNY ISLES BEACH, FLORIDA 33160**

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike

Huntington Sta., NY 11746

1-516-935-3940

H19000316967 3

H19000316967 3

**ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**ELLA GLEIZER-PRESIDENT/ DIRECTOR  
17885 COLLINS AVE APT 4301  
SUNNY ISLES BEACH, FLORIDA 33160**

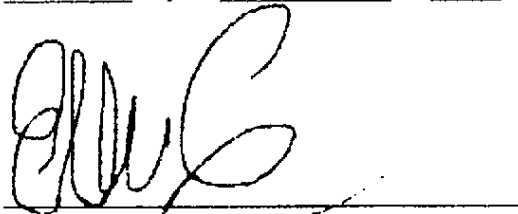
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**ELLA GLEIZER  
17885 COLLINS AVE APT 4301, SUNNY ISLES BEACH, FLORIDA 33160**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25TH day of OCTOBER 2019

A handwritten signature in black ink, appearing to read 'ELLA GLEIZER', is written over a horizontal line.

**ELLA GLEIZER**  
**Signature**

H19000316967 3

H19000316967 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CAB CARE MGT INC

2. The name and address of the registered agent and office is:

ELLA GLEIZER  
Name

17885 COLLINS AVE APT 4301  
(P.O. Box or Mail Drop Box NOT Acceptable)

SUNNY ISLES BEACH, FLORIDA 33160  
(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated  
corporation at the place designated in this certificate, I hereby accept the appointment as registered  
agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes  
relating to the proper and complete performance of my duties, and am familiar with and accept the  
obligations of my position as registered agent.*

  
ELLA GLEIZER  
SIGNATURE

10/25/2019  
(Date)

H19000316967 3