

Division of Corporations

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 : IMPROVED REVENUE SERVICE INC
 Account Number : I20190000119
 Phone : (786)552-2905
 Fax Number : (786)733-1744

****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
 DIXIE COMMUNITY CARE INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

DEC 06 2019

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DIXIE COMMUNITY CARE INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: OSCAR BENITEZ
Name (Printed or typed)

15715 S DIXIE HWY STE 211
Address

MIAMI, FL 33157
City, State & Zip

786-370-8755
Daytime Telephone number

WELLPOINTCONSULTING@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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 shall be: DIXIE COMMUNITY CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

15715 S DIXIE HWY STE 211

MIAMI, FL 33157

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR BENITEZ/ PRESIDENT

Address 224 NW 20TH ST

HOMESTEAD, FL 33030

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2019 DEC -5 PM 1:56
FILED
PALM BEACH COUNTY
CLERK OF COURT

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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: OSCAR BENITEZ

Address: 224 NW 20TH ST

HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSCAR BENITEZ

Address: 224 NW 20TH ST

HOMESTEAD, FL 33030

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 days prior or 90 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

12/5/2019

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

12/5/2019

Date

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