

P2100000 7136

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/1 Glinda

☐ **CERTIFIED COPY**

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**ARTICLES**

1. **TRUECARE BIOMEDIX, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

TrueCare Biomedix, Inc.

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
Name (Printed or typed)  
  
3741 N. Lakewood Ave  
\_\_\_\_\_  
Address  
  
Chicago, IL 60613  
\_\_\_\_\_  
City, State & Zip  
  
708-212-3623  
\_\_\_\_\_  
Daytime Telephone number  
  
sharamaras@mulfordcap.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**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: TrueCare Biomedix, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6356 Manor Lane, Suite 101

South Miami, FL 33143

Mailing address, if different is:

3741 N. Lakewood Ave

Chicago, IL 60613

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful activity for

which a corporation may be organized under the Florida Business

Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: See Exhibit A attached hereto

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

2021 FEB - 1 PM 1:59

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: Cogency Global Inc.

Address: 115 N Calhoun St, Ste. 4

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Steve Haramaras

Address: 3741 N. Lakewood Ave

Chicago, IL 60613

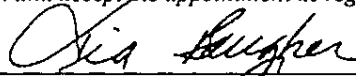
**ARTICLE VIII EFFECTIVE DATE:**

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

1/29/2021

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

Date

1/29/2021

**EXHIBIT A TO**  
**ARTICLES OF INCORPORATION OF**  
**TRUECARE BIOMEDIX, INC.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

The aggregate number of shares which the corporation shall have authority to issue shall be One Hundred Thousand (100,000) shares divided into two (2) classes, as follows:

- (a) Ten Thousand (10,000) shares of Class A Voting Common Stock, all having One Dollar (\$1.00) par value per share; and
- (b) Ninety Thousand (90,000) shares of Class B Non-Voting Common Stock, all having One Dollar (\$1.00) par value per share.

The distinguishing preferences, qualifications, limitations, restrictions and special or relative rights in respect to each class are as follows:

4.1 The holders of Class A Voting Common Stock shall have voting power on all matters submitted to the shareholders, including the power to elect the corporation's Board of Directors, on the basis of one vote per share, except as otherwise required by law. The holders of Class B Non-Voting Common Stock shall have no vote on any question submitted to the shareholders, including the election of directors, and shall not be entitled to receive notice of meetings of shareholders except as shall be specifically required by law.

4.2 All other preferences, qualifications, limitations, restrictions and special or relative rights shall be the same for both the Class A Voting Common Stock and Class B Non-Voting Common Stock.