

# PA1000026830

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H21000121471 3)))



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To:

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

From:

Account Name : PADRON AND ASSOCIATES INC.  
Account Number : I20060000156  
Phone : (305)818-0404  
Fax Number : (305)818-0898

**\*\*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  
FUTURE HEALTHCARE CORP.**

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

*2/28 3/29/21*

**COVER LETTER**

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

**SUBJECT:** FUTURE HEALTHCARE CORP.

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** RALPH PADRON

Name (Printed or typed)

2095 W 76TH ST - SUITE 102

Address

HIACLEAH, FL 33016

City, State & Zip

305-818-0404

Daytime Telephone number

ralph@ralphpadron.com

E-mail address: (to be used for future annual report notification)

2021 MAR 26 PM 4:25

2021 MAR 26 PM 4:25

**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: FUTURE HEALTHCARE CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3048 DEL PRADO BLVD SSUITE 115CAPE CORAL, FL 33904**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YANET GEAGEA LOPEZ - PSTD

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

Address

3048 DEL PRADO BLVD S

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

SUITE 115CAPE CORAL, FL 33904

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

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

Address

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

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

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

Address

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

2021 MAR 26 PM 4:29  
FUTURE HEALTHCARE CORP.

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: PADRON & ASSOCIATES, INC.  
Address: 2095 W 76TH ST - STE 102  
HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

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

Name: YANET GEAGEA LOPEZ  
Address: 3048 DEL PRADO BLVD - SUITE 115  
CAPE CORAL, FL 33904

**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

03/25/2021

\_\_\_\_\_  
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

03/25/2021

\_\_\_\_\_  
Date