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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*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 UNIQUE CARE AT HOME, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Field

022.377.31. PH 334.0

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:		
Unique care at Home, Inc		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:    State		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER S:		
Pamillet Gonzalez (P)		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
8820 Sw 132 PI # 209		
miami F1 33186		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
vamillet Gonzalez		
8820 Sw 132 P1 #209		
miami F1 33186		

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## **Required Signatures:**

Having been named as registered agent to accept service of corporation at the place designated in this certificate, I am appointment as registered agent and agree to a	familiar with and accept the
Akegistered Agent	1/21/22 Date
I submit this document and affirm that the facts stated here the false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	
Incorporator	Date.
	LED RY OF STATE SEE AFLOR