

P95000022856

TRANSMITTAL LETTER

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

ENCLOSURE 14 19883
-03/02/95--01095--001
***131.25 ***131.25

SUBJECT: RAINBOW Options CAR CARE
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Todd D Schuyler
Name (printed or typed)

14030 SW 1405
Address

Min Fl 33,86
City, State & Zip

(305) 232-8399
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 3:53

W95.4814
505, 532

KAN 3-3

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 3, 1995

TODD D. SCHUYLER
14030 S.W. 140TH STREET
MIAMI, FL 33186

SUBJECT: RAINBOW OPTIONS CAR CARE
Ref. Number: W95000004814

We have received your document for RAINBOW OPTIONS CAR CARE and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete Article(s) V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 895A00009697

95 MAR 20 PM 3:53

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: *RAINBOW Options (NR) CARE Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*14030 SW 140 ST
MIAMI FL 33186*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *100*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Todd D Schuyler
14030 SW 140 ST
MIAMI FL 33186*

ARTICLE V INCORPORATOR(S)

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

Todd Schuyler
9445 SW 106 CT
MIA FL ~~33176~~ 33176

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

22 day of February, 1995.

Todd Schuyler
Signature
Todd Schuyler
Signature
Todd Schuyler
Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RAINBOW OPTIONS CARE INC

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

Todd D Schuyler
(Name)

14030 SW 140 ST
(P.O. Box not acceptable)

MIAMI FL 33186
(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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Todd Schuyler
(Signature)

2/22/95
(Date)