

P95000069451

OFFICE

Robert A. 11/11/95
11/11/95 11:24 AM
Lud 11/11/95 11:24 AM



11/11/95 11:24 AM

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #) 500001158-1295
-09/14/95-01017-012
****122.50 ****122.50
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Liz. Chapin GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Corp Name*
DATE *9/8/95*
DOC. EXAM. *cf*

Examiner's Initials

cf 9/11/95

CERTIFICATE OF INCORPORATION
OF

STATE
OF FLORIDA
CORPORATION
90 SEP -5 11 10:20

A/C MasterCare, INC.

We the undersigned, hereby make, subscribe and acknowledge this Certificate for the purpose of becoming a Corporation under the laws of the State of Florida.

1. The name of the corporation shall be: **A/C MasterCare, Inc.** and its existence shall be perpetual.
2. This Corporation is organized for the purpose of transacting any and all lawful business.
3. The Capital Stock of the corporation shall consist of **One Hundred (100) Shares**, with a nominal per value **Ten dollars each**.
4. The amount of Capital with this corporation shall begin business is **One Thousand (\$1,000) Dollars**.
5. The principal office of the Corporation in this State shall be: **4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313** Business phone: (305) 731-9660.
6. The number of directors shall be at least **One** and the names and post office addresses of the first Board of Directors and Officers are:

Ronen Elyakim	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313
Liza Elyakim	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313

7. The name and post office address of the subscribers to this certificate shares each agrees to take, and the consideration thereof, the proceeds of which are as follows:

Name	Office	Post Office Address
Ronen Elyakim	President	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313
Liza Elyakim	Vice President	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313

STATE OF FLORIDA
SEP 10 1995

8 The Registered Agents for this Corporation:

Name	Office	Address
Ronen Elyakim	President	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313
Liza Elyakim	Vice President	4848 NW 24th CT. #408 Lauderdale Lakes, Fl. 33313

"I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation."


Subscriber & Registered Agent


Subscriber & Registered Agent

IN WITNESS WHEREOF, the undersigned subscribe to this Certificate of Incorporation at Miami, Fl. on the 9th day of August, AD 1995.


