

P96 000000912

Requestor's Name Louides C. Valdes  
 Address 6070 W. 19 Ave #105  
Miami, FL 33012  
 City State Zip Phone

## CORPORATION(S) NAME

1<sup>st</sup> choice: Pyramid Case Service, Inc.  
 2<sup>nd</sup> choice: Pyramid Medical Care, Inc.  
 3<sup>rd</sup> choice: Pyramid Case Service of Miami, Inc.

☒ Profit☐ NonProfit☐ Amendment☐ Merger☐ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Limited Partnership☐ Annual Report☐ Other☐ Reinstatement☐ Reservation☐ Change of R.A.☐ Certified Copy☐ Photo Copies☐ CUS☐ Call When Ready☐ Call if Problem☐ After 4:30☐ Walk In☐ Will Wait☐ Pick Up☐ Mail Out

Name
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Document Examiner
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W.P. Verifier

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CH2E031 (1-89)

SN JAN 04 1996

FILED  
 25 DEC 27 AM 11:31  
 TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**FILED**  
95 DEC 27 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**NAME**

THE NAME OF THIS CORPORATION IS PYRAMID CARE SERVICE, INC.  
and the mailing address is 6070 W. 19 Ave. #105, Hialeah, Fl. 33012

**ARTICLE II**

**DURATION**

This corporation shall have a perpetual existence, unless dissolved according to law.

**ARTICLE III**

**PURPOSE**

This corporation is organized for the purpose of transacting any or all business for which corporation may be incorporated under the Florida General Corporation Act.

**ARTICLE IV**

**CAPITAL STOCK**

This corporation is authorized to issue One Thousand (1,000) shares of One Dollar ( 1.00) par value common stock, which shall be designated "COMMON SHARES."

**ARTICLE V**

**INITIAL REGISTERED OFFICE & AGENT**

The street address of the initial registered office of this corporation is 6070 W. 19 Ave. #105, Hialeah, Fl. 33012, and the name of the initial registered agent of this corporation at that address is Lourdes C. Valdes

**ARTICLE VI**  
**INITIAL BOARD OF DIRECTOR(S)**

This corporation shall have (3) (three) Director(s) initially. The number of Director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial Director(s) of this corporation is/are:

Lourdes C. Valdes  
6070 W. 19 Ave. #105, Hialeah, Fl. 33012

Lourdes B. Serrano  
6070 W. 19 Ave. #105, Hialeah, Fl. 33012

Rosario Cruz  
6070 W. 19 Ave. #105, Hialeah, Fl. 33012

**ARTICLE VII**  
**INDEMNIFICATION**

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgment in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

**ARTICLE VIII**  
**OFFICERS**

The officers of this corporation shall be as follows:

Lourdes C. Valdes	President
Lourdes B. Serrano	Vice President
Rosario Cruz	Secretary & Treasurer

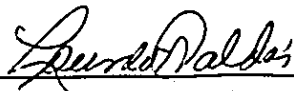
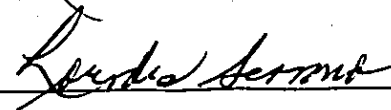
**ARTICLE IX**  
**INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is/are as follows:

Lourdes C. Valdes  
6070 W. 19 Ave. #105, Hialeah, Fl. 33012

Loudes B. Serrano  
6070 W. 19 Ave. #105, Hialeah, Fl. 33012

The undersigned incorporator(s) has/have executed these Articles of Incorporation on this December 21st, 1995

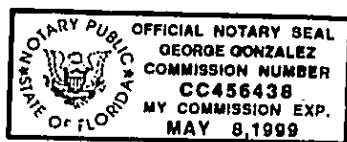
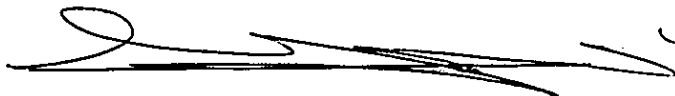
  
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STATE OF FLORIDA )  
COUNTY OF DADE )

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared Lourdes C. Valdes known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this December 21st, 1995

My commission expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

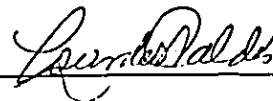
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In pursuance of Chapter 48.091 Florida Statute, the following is  
submitted, in compliance with said Act:

First -- That **PYRAMID CARE SERVICE, INC.**  
is desiring to organize under the laws of the State of Florida with  
its principal office at 6070 W. 19 Ave. #105, Hialeah, Fl. 33012,  
has named Lourdes C. Valdes located at 6070 W. 19 Ave. #105,  
Hialeah, Fl. 33012, as its agent to accept service of process  
within this state.

Having been named to accept service of process of the above  
stated corporation, at the place designated in this certificate, I  
hereby accept to act in this capacity, and agree to comply with the  
provision of said Act relative to keeping open said office.

By:

  
\_\_\_\_\_

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