

R. OSCAR OBRIEN FAMILIA L.
4203 SW 14ST. MIAMI, FL
SUITE 3

11000001174335501
-04/17295--01025--019
****122.50 ****122.50

City/State/Zip

Phone /

polisting

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

SECRET
NOFORN
DATE 15 PH 2:37

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

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W96-6323
5
4/16

Examiner's Initials

APRIL 9, 1996

MS. SHARON TALA
DOCUMENT SPECIALIST SUPERVISOR
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

I RECEIVED YOUR LETTER, ABOUT THE DOCUMENT
FOR A-PRUDENTIAL CARE INC. AND ENCLOSED A
CHECK FOR \$200.00 INSTEAD OF \$122.50 FOR THE
FEES. I, M SENDING A NEW CHECK FOR THE AMOUNT
OF \$122.50.

ANY INFORMATION FOR THIS MATTER CONTACT ME:
AT (305) 837-4963



OSCAR OSIRIS FAMILIA L.
PRESIDENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 25, 1996

OSCAR OSIRIS FAMILIA
4000 SW 10 ST.
MIAMI, FL 33134

SUBJECT: A-PRUDENTIAL CARE, INC.
Ref. Number: W96000006323

We have received your document for A-PRUDENTIAL CARE, INC. and check(s) totaling \$200.00. However, your check(s) and document are being returned for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are returning your check for \$200.00 to be replaced by one in the correct amount of \$122.50.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 896A00013458

**ARTICLES OF INCORPORATION
OF
A-PRUDENTIAL CARE, INC.**

RECEIVED
SECRETARY OF STATE
DIVISION
SEP 15 PM 2:37

**The unthorsigned subscribers to these Articles of Incorporation, each a natural person
competent to contact, hereby associate themselves together to form a corporation under the
laws of the State of Florida.**

ARTICLE 1.

NAME:

The name of the Corporation is: A-PRUDENTIAL CARE, INC.

ARTICLE II.

TERM OF CORPORATE EXISTENCE

**The corporation shall exist perpetually unless dissolved according to law and such existence
shall commence at the time the filing of these articles of Incorporation by the department of
state.**

ARTICLE III.

PERMITTED ACTIVITY

The Corporation shall engage in any activity of business permitted under the laws of United States and of the State of Florida, and further any and all lawful business not proscribed by the laws of State of Florida or of the United States.

And, in general, to carry on any other business whatsoever in connection, with the foregoing or which is calculated, directly or indirectly, to promote the interest of the corporation or to enhance the value of its properties.

ARTICLE IV.

AUTHORIZED SHARES

The aggregate number of shares which the corporation shall have authority to issue shall be one hundred (100) of voting common stock with \$1.00 par value per share.

ARTICLE V.

PREEMPTIVE RIGHTS DENIED

No holder of any shares of the Corporation shall have any preemptive right to purchase, subscribe for otherwise acquire any shares of the Corporation of any class now or hereafter authorized, or any securities, exchangeables for or convertible into such shares, or any warrants or any instruments evidencing rights or options to subscribe for, purchase, or otherwise acquire such shares.

ARTICLE VII.
REGISTERED OFFICE AND AGENT
The initial registered office of the Corporation is:

OSCAR FAMILIA

ARTICLE VIII
TERM OF EXISTANCE

This corporation shall have perpetual existance.

ARTICLE IX

ADDRESS

**The initial post office address of this corporation in the State of Florida is: 4203 sw., 14st
suite 3. MIAMI, FLORIDA 33134. The board of directors may form time to time move the
principal office to any other address in the State of florida.**

ARTICLE X.
DIRECTORS AND OFFICERS

The business of the corporation shall be managed by a Board of Directors consisting of not fewer than one person, the exact number to be determined from time to time in accordance with the By-Laws.

The name and address of the first board of directors and officers who shall serve until the first annual meeting of shareholders or until his successors are elected and qualified shall be:


OSCAR FAMILIA, PRESIDENT.

ARTICLE XI.
INCORPORATOR

The name and address of the incorporator is:

OSCAR FAMILIA

4203 SW. 14 ST., MIAMI FL. 33134

ARTICLE XII.

INDEMNIFICATION

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of a director to the full extent now or hereafter permitted by law.

IN WITNESS WHEREOF, the undersigned being the original incorporator of the corporation, has executed these articles of incorporation this 20 day of FEBRUARY 1996

STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, OSCAR FAMILIA to me well know and well known to me to be the person who executed the forgoing instrument and acknowledged before me that he executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on these 4th day of March 1996


NOTARY PUBLIC,

State of Florida, at large

My commission expires:

OFFICIAL NOTARY SEAL LOUIS L. MILLER JR NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC436256 MY COMMISSION EXP. JAN. 31, 1999

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

RECEIVED
DIVISION OF REVENUE
MAR 15 PM 2:37

PURSUANT TO THE PROVISIONS OF THE SECTION 007.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

A-PRUDENTIAL CARE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

OSCAR FAMILA

4203 SW. 14 ST., MIAMI FL. 33134

SIGNATURE

TITLE:

DATE:

[Handwritten Signature]

President

3/4/96

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 OF 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.

SIGNATURE

DATE:

[Handwritten Signature]

3/4/96

DEBIT MEMORANDUM

TO :
DEPARTMENT OF STATE

FOR OFFICIAL USE

DATE

NUMBER

P 96 0000 32 624

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	691.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	000001842720
TOTAL	691.25	OTHER	05/29/96--01060--003 *****122.50 *****122.50

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	50.00
12	45-20-2-130001-45300000-00-000100-00	2	51.25
12	45-20-2-130001-45300000-00-000100-00	4	100.00
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	200.00

GRAND TOTAL:

\$ 691.25

000001842730
-05/29/96--01060--003
*****15.00 *****15.00

63545-F

Process Date: 04/26/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

Bill Nelson