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TRANSMITTAL LETTER

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

RECEIVED
MAY 11 1996
TALLAHASSEE, FLORIDA
*****70.00 *****70.00

Unique Care Inc.

SUBJECT:

~~Business Development~~ (not)
(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

Additional Copy Required

FROM:

GUILLERMO J. HERNANDEZ

Name (printed or typed)

8943 HAWTHORNE AVE

Address

SURFSIDE, FL 33154

City, State & Zip

(305) 8616200

Daytime Telephone number

FILED
MAY -9 AM 9:48
TALLAHASSEE, FLORIDA

F. CHESSEY MAY 16 1996

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

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:

~~Unique Care Inc.~~ → ERROR
Unique Care Inc.

ARTICLE II PRINCIPAL OFFICE

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

8943 HAWTHORNE AVE
SURFSIDE, FL 33154

ARTICLE III SHARES

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

is: (100) ONE HUNDRED SHARES WITH \$5.00 DOLLARS PAR VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUILBERTO J. HERNANDEZ
8943 HAWTHORNE AVE.
SURFSIDE, FL 33154

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95 MAY -9 AM 9:43
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

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

GUILLERMO J. HERNANDEZ - PRESIDENT
8943 HAWTHORNE AVE.
SURFSIDE, FL 33154

GLORIA M. HERNANDEZ -
8943 HAWTHORNE AVE.
SURFSIDE, FL 33154

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

6 day of MAY, 19 96.

(An additional article must be added if an effective date is requested.)

Guillermo Hernandez
Signature

Gloria M. Hernandez
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

~~PARTIAL CARE INC.~~
Unique CARE Inc.

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

GUILLERMO J. HERNANDEZ
(NAME)
8993 HAWTHORNE AVE.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
SURFSIDE, FL 33154
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Guillermo Hernandez
(SIGNATURE)

5-6-96
(DATE)