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OFFICE USE ONLY (Document #)

Medguard Inc.
(Requestor's Name)
7150 Northridge St.
(Address)
Hollywood, Fl 33024
(City, State, Zip) (Phone #)

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OFFICE USE ONLY

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

1. Accoiris Adult Care Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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STATE
TALLAHASSEE FLORIDA

- ☐ 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 FILNGS	
<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

10/14
Examiner's Initials

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:

Arcoiris Adult Care Inc.

ARTICLE II PRINCIPAL OFFICE

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

Liset Trejo
601 N.W. 35th Ave.
Miami , Fl. 33125

ARTICLE III SHARES

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

is: The aggregate number of Shares which this Corporation shall have the authority to issue is One-Thousand (1,000) Shares of Common Stock, No-Par Value. Each Share shall have equal rights with each other Share in respect to dividends, voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Medguard Inc.
7150 Coolidge Street
Hollywood, Fl. 33024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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):

**Liset Trejo, President
601 N.W. 35th Ave.
Miami, Fl. 33125**

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

2nd day of October, 1996.

Liset Trejo President
Signature

Signature

Signature

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED / ENT/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: Arcoiris Adult Care Inc.
2. The name and address of the registered agent and office is:

Medguard Inc.
(NAME)

7150 Coolidge Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hollywood, Fl. 33024
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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.

Lisset Trejo
(SIGNATURE)

Oct. 2nd, 1996
(DATE)