

TRANSMITTAL LETTER

P97000056523

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUN 26 PM 3:41

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

**SUBJECT:** CARE UNLIMITED HEALTH CARE SERVICES INC.,  
(Proposed corporate name - must include suffix)

800002223558--6  
-06/26/97--01031--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:** LECRESHA WILBURN  
Name (Printed or typed)

5720 LAKESIDE DR #609  
Address

MARGATE, FLORIDA 33063  
City, State & Zip

(954)-537-2032-(954)-969-1175.  
Daytime Telephone number

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

RP  
6-26-97

ARTICLES OF INCORPORATION  
OF  
CARE-UNLIMITED HEALTH CARE SERVICES INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUN 26 PM 3:41

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the law of the State of FLORIDA

ARTICLE I NAME

The name of the corporation shall be  
CARE UNLIMITED HEALTH CARE SERVICES INC.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the law of the United States, the State of FLORIDA, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV ADDRESS

The street address of the initial registered office of the corporation shall be 5720 LAKESIDE DR #609, MARGATE, FLORIDA 33063 and the name of the initial Registered Agent for the corporation at that address is LECRESHA WILBURN.

ARTICLE V SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officers to accomplish this compliance.

ARTICLE VI TERM OF EXISTENCE

This corporation shall exist perpetually.

## **ARTICLE VII LIMITATION OF LIABILITY**

Each director, stockholder and officer, in consideration for his services, shall in the absence of fraud, be indemnified whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other right to which any director, stockholder or officer may be entitled as a matter of law.

## **ARTICLE VIII SELF DEALING**

No contract or other transaction between the corporation and other corporations, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors of the corporation is or are interested in a contract or transaction, or are directors or officers of any other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interested in such contract, act or transaction, or in any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from this contracting with the corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director of the corporation may vote upon any transaction with the corporation without regard to the fact that he is also a director of such subsidiary or corporation.

This corporation shall have a minimum of one director. The initial Board of Directors shall consist of:

**LECRESHA WILBURN - PRESIDENT**  
**5720 LAKESIDE DR # 609**  
**MARGATE, FL 33063**

**PANSY EDWARDS - VICE PRESIDENT**  
**5720 LAKESIDE DR # 609**  
**MARGATE, FL 33063**

**HILMA LEWIS - SECRETARY**  
**5720 LAKESIDE DR # 609**  
**MARGATE, FL 33063 .**

ARTICLE IX INCORPORATOR

The name and address of the incorporator is:

LECRESHA WILBURN  
5720 LAKESIDE DR , #609  
MARGATE, FL 33063

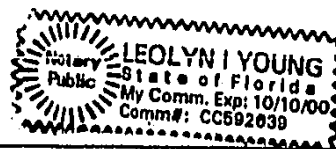
IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on  
this 24<sup>th</sup> day of June, 1997

Incorporator:

*Leasha Wilburn*  
LECRESHA WILBURN

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was executed and acknowledged before me  
this 24<sup>th</sup> day of JUNE, 1997, by  
LECRESHA WILBURN.



Notary Public

State of Florida  
My Commission Expires:

10-10-00

*Leolyn Young*

(SEAL)

DESIGNATION OF AND ACCEPTANCE  
BY REGISTERED AGENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUN 26 PM 3:41

The following is submitted in compliance with the law of the State of FLORIDA .  
CARE UNLIMITED HEALTH CARE SERVICES INC., a corporation organizing under  
the of the State of FLORIDA , With its principal office located at 5720 LAKESIDE  
DR # 609 MARGATE FL 33063, as its Agent to accept service of process within this  
State.

ACCEPTANCE :

I agree as Registered Agent to accept service of process ; to keep the office open  
during prescribed hours ; to post my name ( and any other officers of said corporation  
authorized to accept service of process at the above designated address) in some  
conspicuous place in the office as required by law.

Registered Agent :

*LeCresha Wilburn*  
LECRESHA WILBURN

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME , the undersigned authority , this day personally appeared LECRESHA  
WILBURN , who , after being duly sworn , deposes and say that the facts and matter  
contain above are true and correct , and that he has executed same for the purposes  
expressed herein .

WITNESS my hand and official seal this 24<sup>th</sup> day of June , 1997.



(SEAL)

Notary Public

State of Florida  
My Commission Expires :

10-10-00 *Leolyn Young*