

19990059643

OFFICE USE ONLY (Document #)

---

LAFARUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

---

3320 S.W. 87th AVENUE  
(Address)

---

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

---

LOCAL REPRESENTATIVE TALLAHASSEE

000002920690--1  
-07/01/99--01046--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. MAX CARE MEDICAL CTN INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2.00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

FILED  
 99 JUL -1 PM 2:05  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" 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 FILINGS	
<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

RECEIVED  
 99 JUL -1 AM 11:03  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE FLORIDA

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: MAX CARE MEDICAL CTN INC

99 JUL 21 PM 2:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

1155 W. 77 St Apt 336D  
Hialeah, Fla 33014

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (500) hundred shares one dollar (1) per value common stock

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ailyn Alcolea 1155 W. 77 St Apt 336D Hialeah, Fla 33014

**ARTICLE V INCORPORATOR(S)**

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


Ailyn Alcolea . . . 1155 W. 77st Apt. 336D Hialeah, Fl 33014

**ARTICLE VI DIRECTOR(S)**

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

Ailyn Alcolea (president & Secretary)  
1155 W. 77 St Apt 336D Hialeah, Fla 33014

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30 day of June, 19 99.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: MAX CARE MEDICAL CTN INC

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

Ailyn Alcolea

(NAME)

1155 W. 77 St Apt 336D

(P.O. BOX NOT ACCEPTABLE)

Hialeah, Fla 33014

(CITY/STATE/ZIP)

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.

SIGNATURE



DATE

6-30-99

FILED  
99 JUL -1 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA