

P99000079746

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

UM Health Care Association  
2950 South Dixie Hwy #407  
Miami FL 33133  
(Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- ☐ 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

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-08/20/99--01089--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
99 SEP - 8 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

TS 9/8/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 25, 1999

U.M. HEALTH CARE ASSOCIATION  
2950 S. DIXIE HWY. #407  
MIAMI, FL 33133

SUBJECT: U.M. HEALTH CARE ASSOCIATION  
Ref. Number: W99000019757

We have received your document for U.M. HEALTH CARE ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The name of the entity must be identical throughout the document.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please give the address for the officers & directors. Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator. The registered agent must sign accepting the designation. The document must contain written acceptance by the registered agent, ("I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 487-6059 for information) or designate another entity that is active according to our records.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of 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 (850) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 399A00042714

## 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:

U.M. HEALTH CARE ASSOCIATION INC.

### Article II - Principal Office

The principal place of business shall be:

2950 SOUTH DIXIE HIGHWAY #407, MIAMI, FL 33133

### Article III - Shares

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

ONE THOUSAND ( 1,000.)

### Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Miguel Uribe  
2950 South Dixie Highway, #407, Miami, Fl. 33133

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article V – Incorporator(s)

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

Miguel Uribe  
2950 South Dixie Highway #407, Miami, Fl 33133

Article VI Directors

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

Miguel Uribe  
2950 South Dixie Highway #407, Miami, Fl 33133

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

31<sup>st</sup> day of \_\_August\_\_, 1999.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
  
\_\_\_\_\_

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, 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: U.M. Health Care Association, Inc.
2. The name and address of the registered agent and office is:

Miguel Uribe

2950 South Dixie Highway # 407

Miami, Florida 33133

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
Miguel Uribe (Seal)

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