

D05000114630

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000197159 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
05 AUG 17 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

PREFERRED HEALTH SOLUTIONS INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000197159))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PREFERRED HEALTH SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1520 SW 1ST STREET
UNIT 4
MIAMI FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

HILDA MASOOD - PD
1520 SW 1ST STREET
UNIT 4
MIAMI FL 33135

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

HILDA MASOOD -
1520 SW 1ST STREET
UNIT 4
MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HILDA MASOOD
1520 SW 1ST STREET
UNIT 4
MIAMI FL 33135

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

08-15-05
Date


Signature/Incorporator

08-15-05
Date

FILED
05 AUG 17 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA