

PL4000009539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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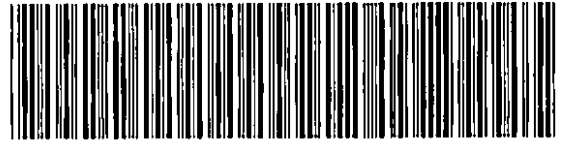
(Business Entity Name)

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/06/2024

Acc#I20160000072

eric DW

Name:	H2 Health, Inc.
Document #:	
Order #:	15358226 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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Email Address for Annual Report Notifications

stephanie@shikany.org

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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: H2 Health, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: B. Pollack /Greenberg Traurig, LLP

Name (Printed or typed)

401 East Las Olas Boulevard Suite 2000

Address

Fort Lauderdale, FL 33301

City, State & Zip

954.768.5205

Daytime Telephone number

stephanie@shikany.org

E-mail address: (to be used for future annual report notification)

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

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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: H2 Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10 Edgewater Drive Apt. 15K
Coral Gables, FL 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose for which a for profit corporation may be
organized under the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walter R. Shikany, III, CEO & President

Address: 10 Edgewater Drive Apt. 15K
Coral Gables, FL 33133

Name and Title: Terri R. Shikany, Secretary & Treasurer

Address: 10 Edgewater Drive Apt. 15K
Coral Gables, FL 33133

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System _____

Address: 1200 South Pine Island Road Plantation, _____

FL 33324 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terri R. Shikany _____

Address: 10 Edgewater Drive Apt. 15K _____

Coral Gables, FL 33133 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C T Corporation System

Required Signature/Registered Agent

2/5/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

2/5/2024
Date