NO 100000543 8

TRANSMITTAL LETTER

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

000004512420--3
-08/02/01--01001--012
****113.75 *****78.75

SUBJECT: SOUTH FLORIDA HEALTH CONSULTING, CORP.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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 of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FILED
2001 AUG -2 AM 11:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

78.75

FROM: ANTHONY ENIOLA, M.D.
Name (Printed or typed)

1749 E. HALLANDALE BCH. BLVD., #154
Address

HALLANDALE, FL. 33009
City, State & Zip

305-915-4352
Daytime Telephone number

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

30th July, 2001

To Whom it may concern

Re: South Florida Health Consulting, Corp.-Voluntary dissolution/New non-profit

I have no intention of revoking the voluntary dissolution, and I am releasing the name to be filed as a new non-profit.

7/30/01

Anthony Eniola, M.D.
Incorporator

FILED
2001 AUG -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be:

SOUTH FLORIDA HEALTH CONSULTING, CORP.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

129 SW 2ND AV.,
HALLANDALE, FL. 33009

MAILING: 1749 E. HALLANDALE BCH. BLVD., #154
HALLANDALE, FL. 33009

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

HEALTH CONSULTANCY, EDUCATION and INFORMATION.

ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:

Will be stated in the Bylaws

ARTICLE V INITIAL DIRECTORS/OFFICERS
The name and addresses:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The **name and Florida street address** of the registered agent is:

ANTHONY ENIOLA, M.D.
1749 E. HALLANDALE BCH. BLVD., #154
HALLANDALE, FL. 33009.

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

ANTHONY ENIOLA, M.D.
1749 E. HALLANDALE BCH. BLVD., #154
HALLANDALE, FL. 33009

****

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.

Anthony Eniola
Signature/Registered Agent

30th July, 2001
Date

Anthony Eniola
Signature/Incorporator

30th July, 2001
Date