

N10000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

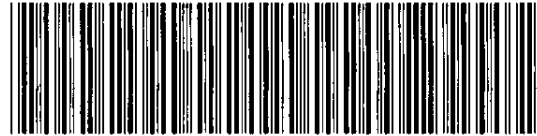
(Business Entity Name)

(Document Number)

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RECEIVED
10 JAN -5 PM 1:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 JAN -5 PM 1:17
SECOND DEPT. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Clinical Health Alliances in Managerial Practice
(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

FROM: Chadwick Chevalier
Name (Printed or typed)

2285-1 Hartsfield Rd
Address

Tallahassee, FL 32303
City, State & Zip

(305) 926-8935
Daytime Telephone number

chadchevalier@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

Clinical Health Alliances in Managerial Practice, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2285-1 Hartsfield Rd Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non Profit Health Care Organization

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As A elected by officers

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

CEO Chad Chevalier 2285-1 hartsfield Rd Tallahassee, FL 32303
President Kris Smith

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Chad Chevalier 2285-1 hartsfield Rd Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chad Chevalier 2285-1 hartsfield Rd Tallahassee, FL 32303

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

1/5/10
Date



Signature/Incorporator

1/5/10
Date