

N10000000537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

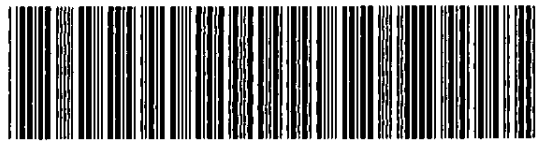
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/10--01056--003 **70.00

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10 JAN 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1000000/240

COVER LETTER

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

SUBJECT: Relief Health Services Inc.
(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: Laura Regier
Name (Printed or typed)

American Safety Council, Inc
Address

5125 Adanson St. Suite 500
City, State & Zip

Orlando FL, 32804
Daytime Telephone number

john.pereira1@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2010

LAURA REGIER
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804

SUBJECT: RELIEF HEALTH SERVICES, INC.
Ref. Number: W10000001240

We have received your document for RELIEF HEALTH SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 410A00000852

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10 JAN 19 PM 1:47
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:
Relief Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
2400 W. Cypress Creek Rd. Suite 200
Fort Lauderdale FL, 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Connect Consumers with Health Care Providers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
As provided for in the bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
p, VP, S, T - John Perelra
2400 W. Cypress Creek Rd. Suite 200
Fort Lauderdale FL, 33309

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

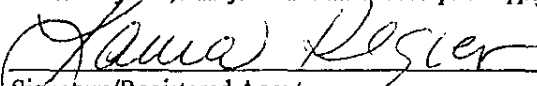
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
American Safety Council, Inc.
5125 Adanson St. Suite 500
Orlando FL, 32804

Alt: Laura Regier

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
John Perelra
2400 W. Cypress Creek Rd. Suite 200
Fort Lauderdale FL, 33309

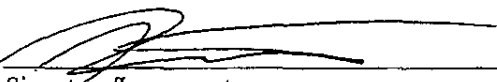
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

12/31/09

Date



Signature/Incorporator

12/30/09

Date

FILED
10 JAN 19 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 19, 2010

Chritine Haney

Fl Dept of State – Division of Corporation – New Filing Section

Subject: Relief Health Services, Inc

Ref Number W100000001240

Please find along with this letter the affidavit that was submitted with the dissolution of the LLC and the creation of the non profit Relief Health Services.

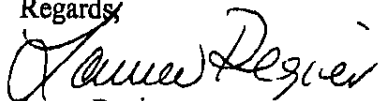
These are the same people filing the dissolution of the LLC and the creation of the new Not for profit corporation with the same name.

The LLC has no plans to file a reinstatement of the dissolutions and that the name is available for the new non profit.

If you have any questions, please let us know.

phone #
800-370-2942

Regards,



Laura Regier

Florida Incorporation Service

Filing on behalf of

Justine Ferreira and John Pereira

Fax 850-245-6804

FILED
10 JAN 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 29, 2009

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Name release for Relief Health Services LLC

Please find attached an amendment of dissolution for the Articles of Organization for Relief Health Services LLC document number L09000003227. Please also find attached the Articles of Incorporation for Relief Health Services, Inc. a new non-profit corporation.

Justin Ferreira is the owner of the LLC – Relief Health Services LLC. John Pereira will be the initial officers in Relief Health Services, Inc.

Please release the name Relief Health Services with the withdrawal paperwork so it may be used in the new Florida non-profit corporation entity – Relief Health Services, Inc. Please call me if you have any questions at 954-537-3380 about this.

Sincerely,



Justin Ferreira
Relief Health Services LLC
Managing Member

Encl.

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10 JAN 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA