

NB20000011377

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12 DEC -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: A Place of Health, 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

FROM: Josette Boukhalil-Laklak
Name (Printed or typed)

11100 SW 72 Ave
Address

Miami, FL 33156
City, State & Zip

305 389 8816
Daytime Telephone number

APHealth501@gmail.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

November 6, 2012

JOSETTE BOUKHALIL-LAKLAK
11100 SW 72 AVE
MIAMI, FL 33156

SUBJECT: A PLACE OF HEALTH, CORP.
Ref. Number: W12000056442

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

Please list the name of the corporation in Article I.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 012A00027011

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

ARTICLE I NAME

The name of the corporation shall be: A Place of Health, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Josette Boukhari-Laskak
11100 SW 72 Ave
Miami, FL 33156

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to establish and maintain a comprehensive system of primary-care aimed at the medically under served populations and communities of Miami-Dade county.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
the incorporator will appoint four directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josette Boukhari-Laskak
Address: 11100 SW 72 Ave
Miami, FL 33156

Name and Title: Felicia Jones
Address: 19021 SW 74 Ave
Miami, FL 33157

Name and Title: Anika Lopez
Address: 9001 SW 142 Ave #1332
Miami, FL 33186

Name and Title: Ivette Chiappo
Address: 14200 SW 14 Street
Miami, FL 33184

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Anika Lopez
Address: 9001 SW 142 Ave #1332
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felicia Jones
Address: 19021 SW 74 Ave
Miami, FL 33157

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

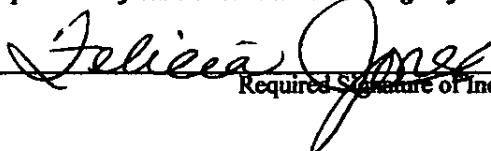


Required Signature of Registered Agent

11/15/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

11/15/12

Date