

N12000011501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

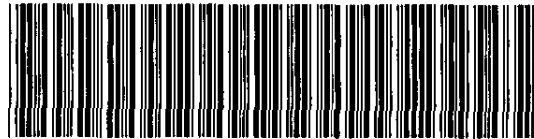
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Extended Healthcare Solutions 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: Harold Miles

Name (Printed or typed)

260 NW 146Th Dr. Apt 247

Address

Newberry, Fl. 32669

City, State & Zip

352-333-3196

Daytime Telephone number

extendedhealthcaresolutions@gmail.com

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

*AND Bylaws*

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

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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: **Extended Healthcare Solutions Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
260 NW 146 Dr Apt 247  
Newberry Fl, 32669

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Extended Healthcare Solutions Inc. is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

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

Directors are elected at the annual meeting as written in article 2 of the Bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Harold Miles- President/Director  
Address: 260 NW 146Th Dr. Apt. 247  
Newberry Fl. 32669

Name and Title: Robert Newsome- Director  
Address: 1118 35Th Ave  
Mendian MS 39301

Name and Title: Akeem Walker- Vice President/ Director  
Address: 260 NW 146Th Dr  
Newberry, Fl 32669

Name and Title: David Humbles- Director  
Address: 3443 Esplanade Ave #749  
New Orleans La 70119

Name and Title: Lucille Miles -Treasure/Director- Secretary  
Address: 19 SE 49Th Dr  
Gainesville, Fl 32641

Name and Title: Aaron Burkett- Secretary/Director  
Address: 715 NW 10Th St  
Gainesville Fl 32606

**ARTICLE VI REGISTERED AGENT**

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

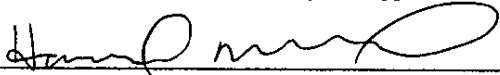
Name: Harold Miles  
Address: 260 NW 146Th Dr  
Newberry Fl 32669

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cecilia Williams Crumly  
Address: 413 Tinnell Rd  
Monticello Fl 32344

*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*

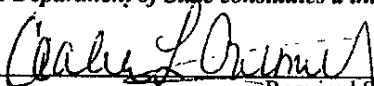


Required Signature of Registered Agent

12-10-2012

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

12/10/12

Date

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TALLAHASSEE FLORIDA

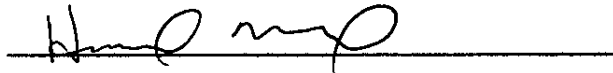
## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not For Profit)

### DISSOLUTION

Upon the dissolution of Extended Healthcare Solutions Inc., assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or Corresponding section of any future federal tax code, or shall be distributed to the federal government, for a public purpose.

*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.*



Harold Miles

Required Signature of Registered Agent

*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.*



Harold Miles

12/10/2012

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Date