

N12000011654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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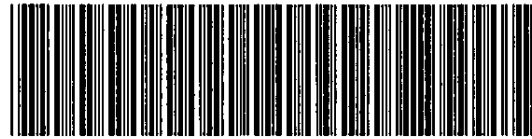
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **HARMONY COMMUNITY HEALTH CENTER 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: **LUIS R PEREZ**
Name (Printed or typed)
4800 W FLAGLER ST STE 109
Address
MIAMI, FL 33134
City, State & Zip
305.448.7848
Daytime Telephone number

luisperez61@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12 DEC 14 AM 10:38

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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: HARMONY COMMUNITY HEALTH CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4800 W FLAGLER ST
STE 109
MIAMI, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A NOT-FOR PROFIT COMMUNITY HEALTH CENTER TO PROVIDE CHARITABLE HEALTH CARE TO: UNDER SERVED, UNDER PRIVILEGED AND OR UNDOCUMENTED MEMBERS IN THE COMMUNITY. TO SEEK " FQHC" STATUS (FEDERAL QUALIFIED HEALTH CENTER).

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
BY THE BOARD OF DIRECTORS IN STRICT COMPLIANCE WITH THE BY-LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS R. PEREZ / TREASURER, PRESIDENT, DIRECTOR
Address: 5141 S.W 4 ST
MIAMI, FL 33134

Name and Title: ROBERTO T MENDEZ /DIRECTOR
Address: 4691 N.W. 9 CT
UNIT 205
MIAMI, FL 33126

Name and Title: JOSE DAMASO QUIROS / SECRETARY, DIRECTOR
Address: 815 N HOMESTEAD BLVD
STE 209
HOMESTEAD, FL 33030

Name and Title: _____
Address: _____

Name and Title: AMPARO SOLORZANO / DIRECTOR
Address: 17670 N.W. 78 AVE.
STE 208
MIAMI, FL 33015

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

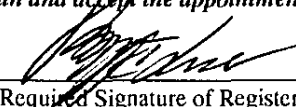
Name: MISSION OF GOD MINISTRIES, IM, INC
Address: 17670 N.W. 78 AVE
STE 208
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MISSION OF GOD MINISTRIES, IM, INC.
Address: 17670 N.W. 78 AVE
STE 208
MIAMI, FL 33015

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

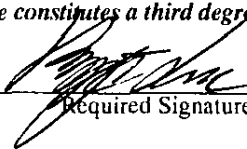


Required Signature of Registered Agent

12/6/12

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

12/6/12

Date

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TALLAHASSEE FLORIDA