

N130000002140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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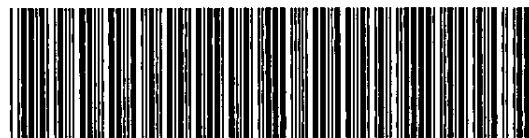
(Business Entity Name)

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13 MAR -5 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/13 - 0217

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COVER LETTER

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

SUBJECT: **SouthFlorida Health Consulting 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: **Dr. Anthony Eniola**

Name (Printed or typed)

2353 Waterside Drive

Address

Lake Worth, Florida 33461

City, State & Zip

561-856-1556

Daytime Telephone number

Aeniola1@aol.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

February 12, 2013

DR. ANTHONY ENIOLA
2353 WATERSIDE DRIVE
LAKE WORTH, FL 33461

SUBJECT: SOUTH FLORIDA HEALTH CONSULTING CORP.
Ref. Number: W13000008717

We have received your document for SOUTH FLORIDA HEALTH CONSULTING CORP. and your check(s) totaling \$78.78. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00003447

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: South Florida Health Consulting Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2353 Waterside Drive

Mailing address, if different is:

LakeWorth, Florida 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To form a non-profit health consulting organization serving the South Florida community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed to serve by the CEO for a three-year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Janvier Gasana-President

Address: 3000 N.E. 151 Street
Miami, Florida
33181

Name and Title: Kristine Hollis-Vice President

Address: 3100 Mckinley Street
Hollywood, Florida
33020

Name and Title: Angela Eniola- Secretary

Address: 2353 Waterside Drive
Lake Worth, Florida
33461

Name and Title: Avery Mason-Treasuer

Address: 2353 Waterside Drive
Lake Worth, Florida
33461

Name and Title: Boisy Waiters

Address: 733 SW 3rd Street
Dania, Florida
33004

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Anthony Eniola
Address: 2353 Waterside Drive
Lake Worth, Florida 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Eniola
Address: 2353 Waterside Drive
Lake Worth, Florida 33461

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

Anthony Eniola
Required Signature of Registered Agent

2-28-13
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.

Anthony Eniola
Required Signature of Incorporator

2-28-13
Date