N1800006930

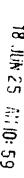
(Ře	questor's Name)			
(Ād	dress)			
(Ad	dress)	·		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

 $\P_{i} = \{ i \in \mathcal{F}_{i} \mid i \in \mathcal{F}_{i} = 1 \}$

*:

ACCOUNT NO. : 12000000195		
REFERENCE : 232485 8191598		
AUTHORIZATION : Complete Service Servi		
COST LIMIT : \$70.00		
ORDER DATE: May 26, 2018		
ORDER TIME : 4:49 PM		
ORDER NO. : 232485-001		
CUSTOMER NO: 8191598		
DOMESTIC FILING		
NAME: PROJECT HEALTH AMERICA, INC.		
EFFECTIVE DATE:		
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Emily Croft - EXT. 62925		

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: PROJECT	HEALTH AMERICA, INC.		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
England is an original	and and (1) come of the Arti	alan af Iugamaantiau au d	a ab a de Carre
chelosed is an original a	and one (1) copy of the Artic	des of incorporation and	a check for :
\$70.00	S78.75	□\$78.75	□ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
	Corporation Service Compa	nv.	
FROM:	Corporation Service Company Name (Printed or typed)		
	251 Little Falls Drive Address		
Wilmington, DE 19808			
	City, State & Zip		
	Daytime Telephone number		
Ţ	:-mail address: (to be used for fi		Tus.

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

ARTICLES OF INCORPORATION

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

The name of the	e corporation shall be: PROJECT HE		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address:		Mailing address, if different is:
528	W BALDWIN ROAD		
Pana	ıma City, FL 32405		
ARTICLE III			
			<u>.</u>
Community :	service including awareness and ed	ducation regarding	several important issues.
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV	MANNER OF FLECTION Then	nanner in which the e	firectors are elected and appointed:
ARTICLE IV As provided		nanner in which the o	directors are elected and appointed:
	MANNER OF ELECTION The n	manner in which the o	directors are elected and appointed:
			firectors are elected and appointed:
As provided	for in the bylaws. INITIAL OFFICERS AND/OR DIR	RECTORS	
As provided ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIR	RECTORS Name and T	itle:_Rubina Azam, President
As provided ARTICLE V Name and Title	for in the bylaws. INITIAL OFFICERS AND/OR DIR Abdul Waheed, Secretary 528 W BALDWIN ROAD	RECTORS	itle: Rubina Azam, President 528 W BALDWIN ROAD
As provided ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIR	RECTORS Name and T	itle:_Rubina Azam, President
As provided ARTICLE V Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIA Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405	RECTORS Name and T Address:	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405
As provided ARTICLE V Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIA Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer	RECTORS Name and T Address: Name and T	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405 itle:
As provided ARTICLE V Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIR Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer 528 W BALDWIN ROAD	RECTORS Name and T Address:	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405
As provided ARTICLE V Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIA Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer	RECTORS Name and T Address: Name and T	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405 itle:
As provided ARTICLE V Name and Title Address Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIR Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer 528 W BALDWIN ROAD Panama City, FL 32405	Name and T Address: Name and T Address: Address:	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405 itle:
As provided ARTICLE V Name and Title Address Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIA Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer 528 W BALDWIN ROAD Panama City, FL 32405	Name and T Address: Name and T Address: Name and T Address:	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405 itle:
As provided ARTICLE V Name and Title Address Name and Title Address	for in the bylaws. INITIAL OFFICERS AND/OR DIR Abdul Waheed, Secretary 528 W BALDWIN ROAD Panama City, FL 32405 Abdul Waheed, Treasurer 528 W BALDWIN ROAD Panama City, FL 32405	Name and T Address: Name and T Address: Name and T Address:	itle: Rubina Azam, President 528 W BALDWIN ROAD Panama City, FL 32405

Name and Title:		Name and Title:
Address		Address:
	.	
Name and Title:	.	Name and Title:
Address	·	Address:
		<u> </u>
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT ac	cceptable) of the registered agent is:
Name:	Corporation Service Company	, , , ,
Address:	1201 Hays Street	
ridaress.	Tailahassee, FL 32301	
		
	INCORPORATOR	
ine <u>name and a</u>	address of the Incorporator is:	
Name:	Abdul Waheed	
Address:	528 W BALDWIN ROAD	
	Panama City, FL 32405	
	EFFECTIVE DATE:	
		. (OPTIONAL) c and cannot be more than five days prior or 90 days after the filing.)
•		
	e inserted in this block does not meet the ctive date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as the records.
certificate, I am	familiar with and accept the appointment Service Company	ice of process for the above stated corporation at the place designated in this in as registered agent and agree to act in this capacity Emily Croft Let 22 208 The place designated in this capacity Date
	Required Signature of Register	ned Agent 1991. VICE President Date
	cument and affirm that the facts stated h int of State constitutes a third degree felo	herein'are true. I am aware that any false information submitted in a document
	410-10	nturned 6/22/18
	Required Signature of In-	corporator Date