

N 1800000 8936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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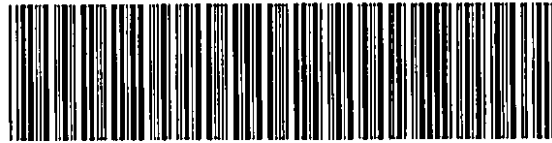
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 20 2018

COVER LETTER

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

SUBJECT: Optimal Care Women's Health Services, 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: Linda Jean

Name (Printed or typed)

4651 Sheridan Street Suite 250

Address

Hollywood, FL 33021

City, State & Zip

(786) 262-9007

Daytime Telephone number

exquisitemd.iam@gmail.com

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

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

19 AUG 20 AM 10 51
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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

ARTICLE I NAME

The name of the corporation shall be: Optimal Care Women's Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4651 Sheridan Street Suite 250

Hollywood, FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes.

including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section

501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The corporation is organized to

promote wellness; counseling and gynecological services to low income female adults who are under or uninsured (not covered by
medicare, medicaid, or other government programs).

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean, Linda D., MD, President

Name and Title: _____

Address 4651 Sheridan Street Suite 250

Address: _____

Hollywood, FL 33021

Name and Title: Barrett, Edlyn NP, Vice President (VP)

Name and Title: _____

Address 4651 Sheridan Street Suite 250

Address: _____

Hollywood, FL 33021

Name and Title: Jean, Edma L., CNA, Assistant VP

Name and Title: _____

Address 4651 Sheridan Street Suite 250

Address: _____

Hollywood, FL 33021

18 AUG 20 AM 10:31
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OFFICE OF THE
CLERK OF THE
COURT
HALL OF JUSTICE
TALLAHASSEE, FL 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Linda Jean
Address: 4651 Sheridan Street Suite 250
Hollywood, FL 33021

FILED
DEPARTMENT OF STATE
CORPORATIONS
18 AUG 20 AM 10 31

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Linda Jean
Address: 4651 Sheridan Street Suite 250
Hollywood, FL 33021

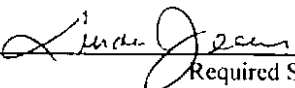
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

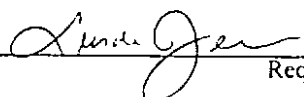
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

August 15, 2018
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

August 15, 2018
Date