

TRANSMITTAL LETTER

PO000000 47952

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

SUBJECT: C & V HEALTHCARE CONSULTANTS INC
(Proposed corporate name - must include suffix)

600003252506--9
--05/15/00--01116--001
*****70.00 *****70.00

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Catherine Calabrese
Name (Printed or typed)

5627 Cypress Circle
Address

Tallahassee FL 32303
City, State & Zip

(850) 878-4885
Daytime Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 15 PM 12:24

00 MAY 15 PM 12:30

RECEIVED

APPROVED
AND
FILED

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

Will wait

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: C & V Healthcare Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
P.O. Box 387 Highway 259
Wacissa, Florida 32361

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000, all of which are to be common stock with 0.05 Dollar Par Value, and all of which are owned equally by Victoria Lund and Catherine Calabrese.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

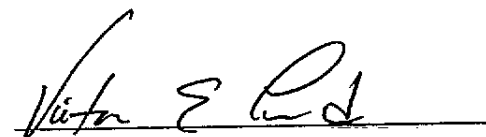
The name and Florida street address of the registered agent are:

Catherine Calabrese
5627 Cypress Circle
Tallahassee, Florida 32303

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Victoria E. Lund
P.O. Box 387 Highway 259
Wacissa, Florida 32361



Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

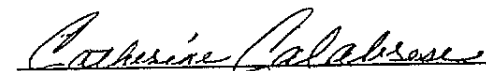
00 MAY 15 PM 12:30

APPROVED
AND
FILED

5/10/00

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my positions as registered agent.



Signature/Registered Agent

5/10/00

Date