# DOODOGS 360 TRANSMITTAL LETTER

FILED 00 OCT -9 AMIO: 35 SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

500003418875---0 -10/09/00--01059--012 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	National Healthcare Company
	(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 of Status
	and the second	ADDITIONAL COPY REQUIRED	

FROM: Bruce Johnson
Name (Printed or typed)

1005 W. State Road 84, Suite 107

Address

Fort Lauderdale, Florida 33315

City, State & Zip

954-424-2923

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Healthcare Company National

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ALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1005 W. State Road B4, Suite 107 Fort Lauderdale, Florida 33315

## <u> ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Equipment Sales and Service.

#### ARTICLE IV SHARES

The number of shares of stock is:

Five hundred Shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Bruce Johnson is President, Secretary and Treasurer

#### <u>ARTICLE VI</u> REGISTERED AGENT

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

Bruce Johnson 1005 W. State Road 84, Surte 107 Fort Lauderdale, Florida 33315

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hilda L. Johnson 1005 W. State Road 84, Suite 107 Fort Lauderdale Florida 33315

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

Signature/Registered Agent Bruce Johnson

Signature/Incorporator Hilda L. Johnson