

P020000093039

TRANSMITTAL LETTER

FILED

02 AUG 26 PM 3:51

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/26/02--01048--002

*****70.00

70.00
JH

SUBJECT: K2 Healthcare Consulting, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Rhonda Norris

Name (Printed or typed)

4703 Water Lark Way

Address

Valrico, FL 33594

City, State & Zip

813-299-6736 or 813-681-4860

Daytime Telephone number

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

1/E 8-27-02

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:

K2 Healthcare Consulting Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

K2 Healthcare Consulting Inc.
4703 Water Lark Way
Valrico, FL. 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1000.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

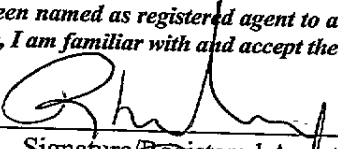
Rhonda Norris
4703 Water Lark Way
Valrico, FL. 33594

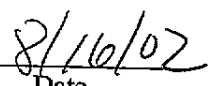
ARTICLE VII INCORPORATOR

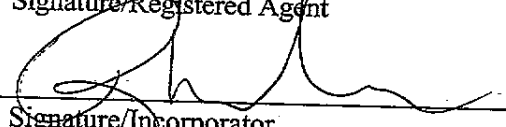
The name and address of the Incorporator is:

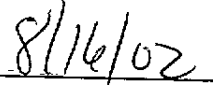
K2 Healthcare Consulting
4703 Water Lark Way
Valrico, FL. 33594

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


Date


Signature/Incorporator


Date