TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327

SECRETARY OF STATE TALLAHASSEE, FLORIDA

02 AUG 28 PH 4: 19

P.O. Box 6327
Tallahassee, FL 32314

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SUBJECT:	DOROTHY WATSON HEAD (PROPOSED CORPO)	LTH SERVICES, INC RATE NAME - <u>MUST INCL</u>	ÜDE SUFFIX)	
Enclosed is an original and one (1) copy of the articles of incorporation and check for:				
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	X \$78.75 Filing Fee & Certified Copy	\$78.75 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		

FROM:	DOROTHY WATSON		
	5260 NW 11TH STREET, #302		
	PLANTATION, FL 33313		
	954-709-5203		
	Devitima Tolophona 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)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES I NAME

The name of the corporation shall be:

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DOROTHY WATSON HEALTH SERVICES, INC

PRINCIPAL OFFICE ARTICLES II

The principal place of business/mailing address is:

5260 NW 11TH STREET, #302, PLANTATION, FL 33313

ARTICLES III **PURPOSE**

The purpose for which the corporation is organized is:

NURSE PRACTITIONER

ARTICLES IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

ARTICLES V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DOROTHY WATSON - 5260 NW 11TH STREET, #302, PLANTATION, FL 33313

ARTICLES VI REGISTERED AGENT

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

DOROTHY WATSON - 5260 NW 11TH STREET, #302, PLANTATION, FL 33313

ARTICLES VII INCORPORATOR

The name and Florida street address of the Incorporator

DOROTHY WATSON - 5260 NW 11TH STREET, #302, PLANTATION, FL 33313

ARTICLES EFFECTIVE DATE: AIII

The effective date of the corporation shall be SEPTEMBER 1ST, 2002

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 agcept the appointment as registered agent and agree to act in this capacity.

SIGNATURE/REGISTERED AGENT

DOROTHY WATSON

SIGNATURE/INCORPORATOR

DOROTHY WATSON, PRESIDENT

DATE