

PO2000119187

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DOC EXAM
DATE 11/5/02
CORRECT
AUTHORIZATION BY PHONE TO
Garryn Moore

Office Use Only



400008617954

10/28/02--01123--004 **78.75

2002 NOV -6 PM 3:44
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

509-2544
w02-31198

11/6/02

TRANSMITTAL LETTER

FILED

2002 NOV -6 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Health Resources Management, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CAROLYN MOORE
Name (Printed or typed)

P O Box 5838
Address

Lighthouse Point Florida 33074
City, State & Zip

954 494-6240
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

FILED

2002 NOV -6 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 30, 2002

CAROLYN MOORE
POST OFFICE BOX 5838
LIGHTHOUSE POINT, FL 33074

SUBJECT: HEALTH RESOURCES MANAGEMENT, INCORPORATED
Ref. Number: W02000031198

We have received your document for HEALTH RESOURCES MANAGEMENT, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 702A00059596

FILED

ARTICLES OF INCORPORATION

2002 NOV -6 PM 3:44

ARTICLE I: The name of the corporation shall be QUALITY HEALTH RESOURCES MANAGEMENT, INC. SECRETARY OF STATE
FLORIDA

INC.

ARTICLE II: The principal place of QUALITY HEALTH RESOURCES MANAGEMENT, is 1751 NE 23 rd Avenue. The mailing address is Post Office Box 5838, Lighthouse Point, Florida 33074.

ARTICLE III: The purpose for which QUALITY HEALTH RESOURCES MANAGEMENT, INC. is organized for the management of social and health care services. The organization will manage services/resources for individuals and/or organizations.

ARTICLE IV: The number of shares of stock is 100.

ARTICLE V: The name of the officer is as follows: Carolyn Moore, Chief Executive Officer, Post Office Box 5838, Lighthouse, Florida, 33074.

ARTICLE VI: The name of the Registered Agent is Carolyn Moore of 1751 NE 23rd Avenue, Pompano Beach, Florida 33062

ARTICLE VII: The name of the Incorporator is Carolyn Moore of 1751 NE 23rd Avenue, Pompano Beach, Florida 33062.

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.

Carolyn Moore
Signature/Registered Agent

11-4-02
Date

Carolyn Moore
Signature/Incorporator

11-4-02
Date