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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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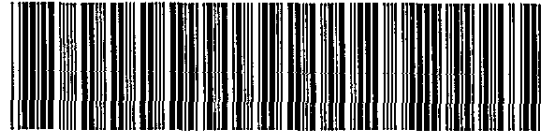
(Business Entity Name)

(Document Number)

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02 NOV 18 PM 12:51
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA HEALTH ASSOCIATES 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: MILDA ~~JOHNS~~ JOHNSON
Name (Printed or typed)

3032 E Commercial Blvd #11
Address

FT. LAUDERDALE, FL 33308
City, State & Zip

954-229-2001
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA HEALTH ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3032 E. Commercial Blvd. #11
Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Hilda Johnson
3032 E. Commercial Blvd #11
Ft. Lauderdale, FL 33308
P, S, T and D.

ARTICLE VI REGISTERED AGENT

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

Hilda Johnson
3032 E Commercial Blvd #11
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hilda Johnson
3032 E. Commercial Blvd #1
Ft Lauderdale, FL 33308

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

Hilda Johnson

Signature/Registered Agent Hilda Johnson

11-15-02

Date

Hilda Johnson

Signature/Incorporator Hilda Johnson

11-15-02

Date