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Handwritten signature and date 4/15/03

TRANSMITTAL LETTER

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

SUBJECT: Health Choices USA, 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: Cliff Haney
Name (Printed or typed)

6865 W Colonial Dr
Address

Orlando FL 32818
City, State & Zip

(321) 303-3309
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:

Health Choices USA, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6865 W Colonial Dr Orlando FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Cliff Haney, President
6865 W Colonial DR
Orlando, FL 32818

ARTICLE VI REGISTERED AGENT

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

Cliff Haney
6865 W Colonial DR Orlando FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cliff Haney
6865 W Colonial Dr Orlando FL 32818

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

Cliff E. Haney
Signature/Registered Agent

4/14/03
Date

Cliff E. Haney
Signature/Incorporator

4/14/03
Date