

P03000099169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

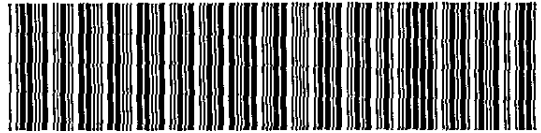
(Business Entity Name)

(Document Number)

Certified Copy : _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022633722

09/04/03--01062--007 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP -4 PM 3:52

TRANSMITTAL LETTER

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

SUBJECT: SUPERIOR HEALTH CONNECTION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

ALBERT NANAYAKKARA
Name (Printed or typed)

P.O. Box. 22162
Address

WEST PALM BEACH FL. 33416
City, State & Zip

561 491 8188 561 964 4174
Daytime Telephone number

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

TRANSMITTAL LETTER

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

SUBJECT: SUPERIOR HEALTH CONNECTION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

ALBERT NANAYAKKARA
Name (Printed or typed)

P.O. Box. 22162
Address

WEST PALM BEACH FL. 33416
City, State & Zip

561. 491 8188 561 964 4174
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP -4 PM 3:52

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:

SUPERIOR HEALTH CONNECTION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2669. - STE. 116. FOREST HILL BLVD

LAKEHORE OFFICE PARK

LAKEHORE PLAZA.

WEST PALM BEACH

FL. 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE AND RESEACH

ARTICLE IV SHARES

The number of shares of stock is:

FIVE THOUSAND

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ALBERT NANAYAKKARA

PRESIDENT / SECRETARY

P.O. BOX. 22162

WEST PALM BEACH. FL. 33416.

TREASURER

ARTICLE VI REGISTERED AGENT

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

ALBERT NANAYAKKARA

5817. ALBERT RD.

WEST PALMBEACH FL. 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERT NANAYAKKARA

5817. ALBERT RD.

WEST PALM BEACH FL. 33415

MAILING:
ADDRESS.

P.O. BOX. 22162

WEST PALM BCH

FL. 33416

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

Albert Nanayakkara
Signature/Registered Agent ALBERT NANAYAKKARA

August. 30. 03
Date

Albert Nanayakkara
Signature/Incorporator ALBERT NANAYAKKARA

August. 30. 03
Date