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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/11/14

TRANSMITTAL LETTER

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

SUBJECT: Healthcare Specialty 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: Jerome Howard  
Name (Printed or typed)

PO Box 272361  
Address

Tampa, Fl. 33688  
City, State & Zip

813-695-3129  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

*Healthcare Specialty Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*PO Box 272361  
Tampa, Fl. 33688*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Specific Purpose for a "Professional Corporation"*

**ARTICLE IV SHARES**

The number of shares of stock is: *one*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*Jerome Howard -CEO  
PO Box 272361  
Tampa, Fl.33688*

**ARTICLE VI REGISTERED AGENT**

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

*Jerome Howard  
724 Flamingo Dr  
Apollo Bch, Fl.33572*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Jerome Howard  
PO Box 272361  
Tampa, Fl.33688*

\*\*\*\*\*

*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*

*Jerome Howard*  
\_\_\_\_\_  
Signature/Registered Agent

*10-25-03*

\_\_\_\_\_  
Date

*Jerome Howard*  
\_\_\_\_\_  
Signature/Incorporator

*10-25-03*

\_\_\_\_\_  
Date

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