

P03000142856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

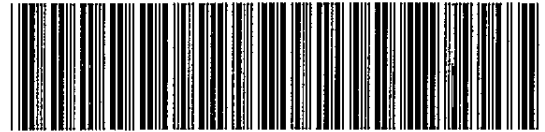
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: National Health Solution 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: Billy Hennegham III

Name (Printed or typed)

986 Woodrose Ct.

Address

Altamont Springs, Florida 32714

City, State & Zip

407-880-5525

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:

National Health Solution Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

986 Woodrose Ct. Altamonte Springs, Florida 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Heneghan III - President/Treasurer
986 Woodrose Ct, Altamont Spring, Florida 32714
Jacqueline Heneghan - Secretary
986 Woodrose Ct, Altamont Sprint, Florida 32714
William Heneghan Jr. - Vice President
129 Margo Lane, Longwood, Florida 32750

ARTICLE VI REGISTERED AGENT

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

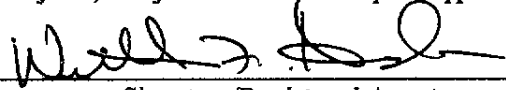
Billy Hennegham
986 Woodrose Ct,
Altamont Spring, Florida 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Billy Hennegham
986 Woodrose Ct,
Altamont Spring, Florida 32714

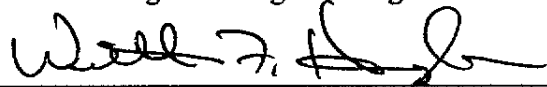
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-18-03

Date



Signature/Incorporator

11-18-03

Date

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