# P04000/2702/

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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# TRANSMITTAL LETTER

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

-	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: GE	NNADY KRUPNIKAS	: (Printed or typed)	er e <u>e e e e e e e e e e e e e e e e e </u>
	2500 PARKVIEW DRIVE #2007	Address	<u> </u>
	HALLANDALE, FL 33009	, State & Zip	· · · · · · · · · · · · · · · · · · ·
	(561) 329-3626		

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

Daytime Telephone number

### 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:

FIRST CHOICE HEALTH CONSULTANTS INC.

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TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2500 PARKVIEW DRIVE #2007 HALLANDALE, FL 33009

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL BUSINESSES PERMITTED BY THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GENNADY KRUPNIKAS 2500 PARKVIEW DRIVE #2007 HALLANDALE, FL 33009 PRESIDENT

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GENNADY KRUPNIKAS 2500 PARKVIEW DRIVE #2007 HALLANDALE, FL 33009

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

GENNADY KRUPNIKAS 2500 PARKVIEW DRIVE #2007 HALLANDALE, FL 33009

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

GENNED PYLKROPHIKAS

Signaturexfricorporator

GENNADY KRUPNIKAS

8/30/04

8/30/04

\ Date