

PO4000143605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

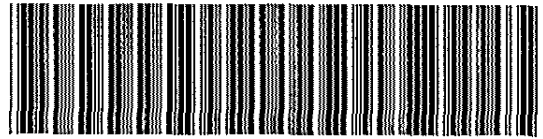
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500041762235

10/18/04--U1018--010 **87.50

FILED

04 OCT 18 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/10/19/24

TRANSMITTAL LETTER

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

SUBJECT: Optional Health Solutions, 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: Ann T. Manookian

Name (Printed or typed)

5418 SW 3rd Ave.

Address

Cape Coral, FL 33914

City, State & Zip

239-936-2866

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)

FILED
04 OCT 18 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Optional Health Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5418 SW 3rd Ave.
Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To market and sell supplemental healthcare options

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brad Homar 4391 Colonial Blvd. #9 Ft. Myers, FL 33912 President
Ann Manookian 5418 SW 3rd Ave. Cape Coral, FL 33914 V-President
Amy Homar 4391 Colonial Blvd. #9 Ft. Myers, FL 33912 Treasurer
Dave Manookian 5418 SW 3rd Ave. Cape Coral, FL 33914 Secretary

ARTICLE VI REGISTERED AGENT

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

Ann Manookian
5418 SW 3rd Ave
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann Manookian
5418 SW 3rd Ave
Cape Coral, FL 33914

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

10-15-2004

Date



Signature/Incorporator

10-15-2004

Date