

P05000040764

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

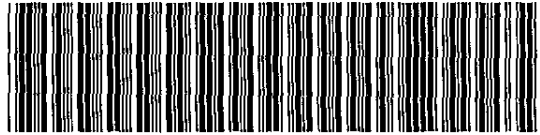
(Business Entity Name)

(Document Number)

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MAR 16 AM 11:17
05 MAR 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-17-05

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NORTH BEACH HEALTH COALITION, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

FILED

05 MAR 16 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NORTH BEACH HEALTH COALITION, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be: NORTH BEACH HEALTH COALITION, INC

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

1440 J.F. KENNEDY CSWY #309, N.Bay Village, FL. 33141

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

HEALTH PROGRAMS

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

BYLAWS

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617.0307, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

MARIA B. CALCERRADA
1440 J.F. Kennedy Cswy #309
N.Bay Village, FL. 33141

ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS

MARIA B. CALCERRADA / 1440 J.F. Kennedy Cswy #309
N.Bay Village, FL. 33141

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is:

MARIA B. CALCERRADA / 1440 J.F. Kennedy Cswy #309
N.Bay Village, FL. 33141

The undersigned incorporator has executed these Articles of Incorporation this 15 day of March, 2005

Maria B. Calcerrada
signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

NORTH BEACH HEALTH COALITION, INC.
(must include suffix)

The name and address of the registered agent and office is:

MARIA B. CALCERRADA
(name)

1440 J.F. Kennedy Cswy #309
(P.O. Box or Mail Drop Box NOT Acceptable)

N.Bay Village, FL 33141
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I Hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relating to the proper and complete performance of
my duties, and I am familiar with and accept the obligations of my position as registered
agent.

Maria B. Calcerrada
Signature of Registered Agent

3/15/05
Date

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TALLAHASSEE, FLORIDA