

P05000054180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

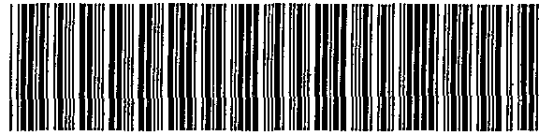
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Certified Copies _____

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05 APR -6 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/13/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Phoenix Health Group, 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: Patrick Fenelus
Name (Printed or typed)

320 S. Flamingo Road #322
Address

Pembroke Pines, FL 33027
City, State & Zip

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)

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05 APR -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Phoenix Health Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4121 NW 5th Street, Suite # 215
Plantation, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

profit

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):

P.L. Fenelus - CEO
4121 NW 5th street, Suite #215
Plantation, FL 33317

ARTICLE VI REGISTERED AGENT

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

P.L. Fenelus
4121 NW 5th street, Suite #215
Plantation, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P.L. Fenelus
4121 NW 5th street, Suite #215
Plantation, FL 33317

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

Date

4/4/05

Signature/Incorporator

Date

4/4/05