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05 MAY 16 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 16 2005

TRANSMITTAL LETTER

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

SUBJECT: SPECIALTY HEALTHCARE BENEFITS, 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: MARIO A. MARTINEZ-MALO

Name (Printed or typed)

8075 S. W. 73 Ave., Unit # 3

Address

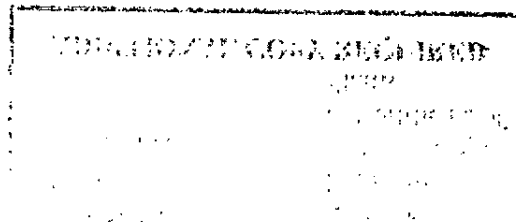
Miami, Fl. 33143

City, State & Zip

786-709-6523

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:

SPECIALTY HEALTHCARE BENFITS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8075 S. W. 73 Ave., Unit # 3, Miami, Fl. 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any legal activity auhtorized by the laws of the U.S. A. and of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 shares, \$ 1.00 value each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mario A. Martinez-Mallo -- Director, President, Treasurer, Secretary

ARTICLE VI REGISTERED AGENT

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

Mario A. Martinez-Malo 8075 SW 73 Ave., Unit # 3, Miami, Fl. 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mario A. Martinez-Malo 8075 SW 73 Ave., Unit # 3, Miami, Fl. 33143

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

Mario Martinez-Malo
Signature/Registered Agent

05-10-05
Date

Mario Martinez-Malo
Signature/Incorporator

05-10-05
Date

FILED

05 MAY 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA