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04/05/05--01047--001 **78.75

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CLERK OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 9:19

B. McKnight SEP 09 2005

TRANSMITTAL LETTER

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

SUBJECT: United Healthcare Systems 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: Mr. Joseph Battaglia

Name (Printed or typed)

4340 Lisa Dr.

Address

Lake Worth Fl. 33467

City, State & Zip

561 969 0738

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 6, 2005

JOSEPH BATTALIA
4340 LISA DRIVE
LAKE WORTH, FL 33467

SUBJECT: UNITED HEALTHCARE SYSTEMS INC.
Ref. Number: W05000017503

We have received your document for UNITED HEALTHCARE SYSTEMS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 105A00023485

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:

United Healthcare Systems inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4340 Lisa Dr. Lake Worth Fl. 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit (EMPLOYMENT SERVICES)

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):

Pres. Mr. Joseph Battaglia
4340 Lisa Dr.
Lake Worth Fl. 33467

ARTICLE VI REGISTERED AGENT

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

Mr. Joseph Battaglia
4340 Lisa Dr.
Lake Worth Fl. 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MR. JOSEPH BATTAGLIA
4340 LISA DR.
LAKE WORTH FL. 33467

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

Mr. Joseph Battaglia
Signature/Registered Agent

Aug 31, 2005
Date

Mr. Joseph Battaglia
Signature/Incorporator

Aug 31, 2005
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 9:19