

PD5000140317

(Requestor's Name)

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(City/State/Zip/Phone #)

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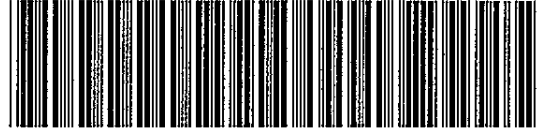
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/05--01010--011 **78.75

FILED
05 OCT 14 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C810-17

COVER LETTER

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

SUBJECT: TMC Health Management, 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: Michael Edward Schmidt
Name (Printed or typed)

50 NW 3rd Ave.
Address

Delray Beach, FL 33444
City, State & Zip

(561) 445-4882
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 5, 2005

MICHAEL EDWARD SCHMIDT
50 NW 3RD AVE.
DELRAY BEACH, FL 33444

SUBJECT: TMC HEALTH MANAGEMENT, INC.
Ref. Number: W05000045969

We have received your document for TMC HEALTH MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 805A00060515

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:

TMC Health Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Abbey Delray South
1717 Homewood Blvd.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Edward Schmidt - Owner
50 NW 3rd Ave
Delray Beach, FL 33444

ARTICLE VI REGISTERED AGENT

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

Michael Edward Schmidt
50 NW 3rd Ave
Delray Beach, FL 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Edward Schmidt
50 NW 3rd Ave
Delray Beach, FL 33444

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

Signature/Incorporator

Mike Schmidt

FILED
05 OCT 14 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date

Date