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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV 30 AM 10:24

MRS
12/2

COVER LETTER

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

SUBJECT: FAMILY HEALTHCARE PLUS 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: Ramon Chanza
Name (Printed or typed)

3582 Somerset Circle
Address

Kissimmee, FL 34741
City, State & Zip

407-301-5976 407-846-8285
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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TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Family Healthcare Plus Group Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 West Oak Street Suite 203
Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide all type of Healthcare

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Ramon Chanza - 3582 Somerset Circle, Kissimmee, FL 34746
Vice-President - William Ortiz - 5521 Norman H. Cutson Drive, Orlando, FL 32821
Secretary - Timothy Lindauer - 5517 Norman H. Cutson Drive, Orlando, FL 32821

ARTICLE VI REGISTERED AGENT

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

Ramon Chanza
3582 Somerset Circle
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Ramon Chanza
3582 Somerset Circle
Kissimmee, FL 34746

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


Signature/Incorporator


Date