

P06000006499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

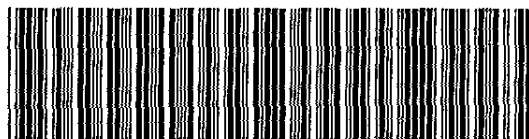
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 1-18

COVER LETTER

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

SUBJECT: OLYMPIA PROFESSIONAL HEALTH SERVICES 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: Sheila McKenzie-Foster
Name (Printed or typed)

3387 Sheridan Street.
Address

Hollywood, FL. 33021
City, State & Zip

954-260-7779
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:

Olympia Professional Health Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3387 Sheridan Street, Hollywood, FL.33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Education.

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):

Sheila McKenzie - President/Director
3387 Sheridan Street, Hollywood, FL.33022.

Loretta Haughion - Director
5309 W. Broward Blvd. #301, Plantation, FL 33317

Chaplin Palmer - Director
3387 Sheridan Street, Hollywood, FL. 33022

ARTICLE VI REGISTERED AGENT

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

Sheila McKenzie
3387 Sheridan Street
Hollywood, Fl. 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sheila McKenzie
3387 Sheridan Street, Hollywood, FL.33021

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

Sheila McKenzie

Signature/Registered Agent

Sheila McKenzie

Signature/Incorporator

01-06-06

Date

01-06-06

Date

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06 JAN 11 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA