

P06000017084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

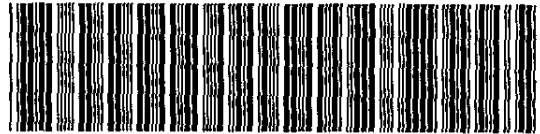
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FILED
06 FEB -6 AM 8:46
TALLAHASSEE, FLORIDA

T. Burch FEB 07 2006

COVER LETTER

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

SUBJECT: Health Plan Solutions, 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: JOSE H. ROSADO
Name (Printed or typed)

794 Delaware Ave.
Address

Palm Harbor, FL 34683
City, State & Zip

(813) 714-8189
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2006

JOSE H. ROSADO
794 DELAWARE AVE
PALM HARBOR, FL 34683

SUBJECT: HEALTH PLAN SOLUTIONS, INC.
Ref. Number: W06000002280

We have received your document for HEALTH PLAN SOLUTIONS, 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

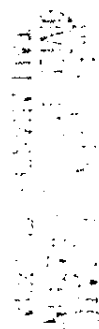
If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 106A00003401

RECEIVED

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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:

HEALTH PLAN SOLUTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 271366 Tampa, FL 33688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES & MARKETING

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTONIO MESA / PRESIDENT - 4126 MARCHMONT BLVD. LAND O LAKES, FL 34639

JOSE H. ROSADO / VICE - PRESIDENT - 794 DELAWARE AVE Palm Harbor, FL 34683

ARTICLE VI REGISTERED AGENT

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

ATTA

Antonio Mosa
4126 March Mont Blvd
Land O Lakes FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTONIO MESA
4126 MARCH MONT BLVD.
LAND O LAKES, FL 34639

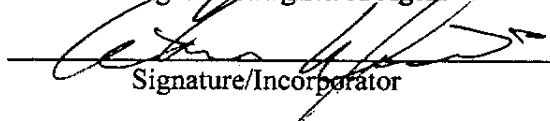
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-30-06

Date



Signature/Incorporator

12/30/05

Date