

P060000073607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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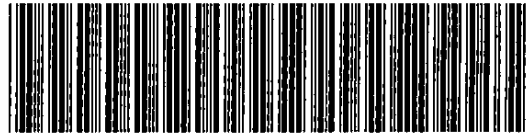
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 26 AM 8:16

FILED

## COVER LETTER

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

SUBJECT: CENTERGATE HEALTHCARE 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: PETER O OKALI

Name (Printed or typed)

10463 LAXTON STREET

Address

ORLANDO, FL 32824

City, State & Zip

407-301-0707

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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06 MAY 26 AM 8:16

**ARTICLE I NAME**

The name of the corporation shall be:

CENTERGATE HEALTHCARE SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10463 LAXTON STREET  
ORLANDO, FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUISNESS

**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):

TITLE: PRESIDENT  
PETER O OKALI  
10463 LAXTON STREET  
ORLANDO, FL 32824

**ARTICLE VI REGISTERED AGENT**

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

PETER O OKALI  
10463 LAXTON STREET  
ORLANDO, FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PETER O OKALI  
10463 LAXTON STREET  
ORLANDO, FL 32824

\*\*\*\*\*

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

*P.O. Okali*

Signature/Registered Agent

*P.O. Okali*

Signature/Incorporator

*05/21/2006*

Date

*05/21/2006*

Date