

PO6000103396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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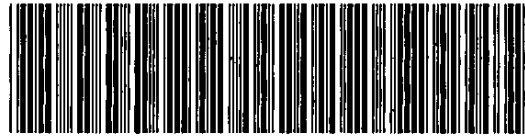
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

da

COVER LETTER

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

SUBJECT: Southern Health Network, 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: Henry Lec Givens
Name (Printed or typed)
10500 S.W. 149th St
Address
Miami, FL 33126
City, State & Zip
786-306-7057
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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:

Southern Health Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10500 S.W. 149th St.
Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Consulting

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):

Henry Lee GIVENS - Pres., Sec., Treas.
10500 S.W. 149th St.
Miami, FL 33176

ARTICLE VI REGISTERED AGENT

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


Henry Lee GIVENS
10500 S.W. 149th St.
Miami, FL 33176


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Henry Lee GIVENS
10500 S.W. 149th St.
Miami, FL 33176

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

9-7-06

Date
8-7-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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