

PD6000122 664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

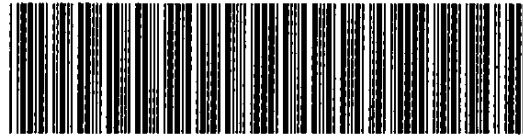
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W06-39843

Office Use Only



100079575651

09/11/06--01019--002 \*\*78.75

FILED  
2006 SEP 25 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/25/✓

**COVER LETTER**

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

SUBJECT: Good Health Medical Services  
(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: MANUEL SACASA  
Name (Printed or typed)

11 SW 113<sup>th</sup> AVE #103  
Address

Miami, FL 33174  
City, State & Zip

786-346-8195  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2006

MANUEL SACASA  
11 SW 113 AVE.  
#103  
MIAMI, FL 33174

SUBJECT: GOOD HEALTH MEDICAL SERVICES  
Ref. Number: W06000039843

We have received your document for GOOD HEALTH MEDICAL SERVICES. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete Article(s) II, V, VI AND VII..

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 506A00054704

RECEIVED  
06 SEP 25 AM 11:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# 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:

Good Health Medical Services Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11 SW 113th AVE #103 MIAMI FL 33174

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diabetic/Medical supplies

## 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):

Manuel Sacasa

11 SW 113th AVE #103 MIAMI FL 33174

President

## ARTICLE VI REGISTERED AGENT

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

Manuel Sacasa

11 SW 113th AVE #103 MIAMI, FL 33174

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Sacasa

11 S.W. 113 Ave. #103 Miami, FL 33174

FILED  
06 SEP 22 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

Date

Date