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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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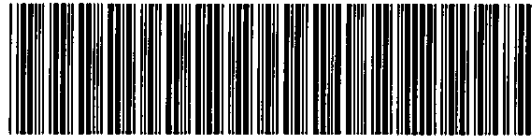
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN 11 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/12/07

COVER LETTER

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

SUBJECT: HOLLYWOOD HEALTH MANAGEMENT, CORP
(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: ERNESTO E BEOVIDES

Name (Printed or typed)

2201 SOUTH OCEAN DRIVE APT #302

Address

HOLLYWOOD , FLORIDA 33019

City, State & Zip

(954) 922-5495

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:

HOLLYWOOD HEALTH MANAGEMENT, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2201 SOUTH OCEAN DRIVE APT #302
HOLLYWOOD , FLORIDA 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ERNESTO E BEOVIDES, PRESIDENT
2201 SOUTH OCEAN DRIVE APT #302
HOLLYWOOD , FLORIDA 33019

ARTICLE VI REGISTERED AGENT

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


ERNESTO E BEOVIDES
2201 SOUTH OCEAN DRIVE APT #302
HOLLYWOOD , FLORIDA 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERNESTO E BEOVIDES
2201 SOUTH OCEAN DRIVE APT #302
HOLLYWOOD , FLORIDA 33019

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

x 

Signature/Registered Agent

x 

Signature/Incorporator

06/05/2007.

Date

06/05/2007.

Date

FILED
07 JUN 11 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA