707000070538

| (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: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: New Horizon Medicaid Solutions, Inc. | | | | | |
|---|--------------------------------------|----------------------------|------------------|--|--|
| | (PROPOSED CORPORAT | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| | | | | | |
| | | | | | |
| Enclosed are an ori | iginal and one (1) copy of the artic | cles of incorporation and | a check for: | | |
| \$70.00 | \$78.75 | \$78.75 | ✓ \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | ov continue cop, | & Certificate of | | |
| | | | Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| FROM: Jesus M. Rivera | | | | | |
| Name (Printed or typed) | | | | | |
| | | | | | |
| 1242 Kingsway Road, #37 | | | | | |
| Address | | | | | |
| | | | | | |
| | Brandon, FL 33510 | | | | |
| | City, State & Zip | | | | |
| | | | | | |
| | (813) 477 - 2410 | | | | |

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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The name of the corporation shall be:

New Horizon Medicaid Solutions, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1242 Kingsway Road, # 37 Brandon, FL 33510

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jesus M. Rivera, President, V. President, Secretary, Treasurer 1242 Kingsway Road, # 37 Brandon, FL 33510

ARTICLE VI REGISTERED AGENT

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

Jesus M. Rivera 1242 Kingsway Road, #37 Brandon, FL 33510

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jesus M. Rivera 1242 Kingsway Road, # 37 Brandon, FL 33510

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 Date

Usub MM

6/14/0

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