

P070000071804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

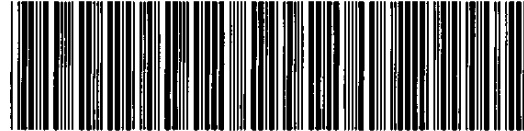
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/07--01025--016 **87.50

MRS
6/20

RECEIVED
07 JUN 20 PM 2:45
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUN 20 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Choices Health Care Solutions, 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: George Onott
Name (Printed or typed)

1802 NW 42nd
Address

Ocala FL 34475
City, State & Zip

352 629 7750
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Choices HealthCare Solutions INC.

07 JUN 20 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1802 NW 42pl
Ocala FL 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide health care staffing 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):

Michael M Onett President
1 Sleepy Hollow Rd
Atkinson NH 03811

Stacy DeWerd Vice Pres
1722 Greenfern Circle
Dacula Ga 30019

George Onett Secretary
1802 NW 42pl
Ocala FL 34475

ARTICLE VI REGISTERED AGENT

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

George Onett
1802 NW 42pl
Ocala FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael M Onett
1 Sleepy Hollow Rd
Atkinson NH 03811

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

George C Onett

Signature/Registered Agent

6/19/07

Date

Michael M Onett

Signature/Incorporator

6/19/07

Date