

P07000074913

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

2544
W07-26522



000103583490

06/01/07--01038--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 28 PM 3:48

W 6/28/07

COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 28 PM 3:48

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

SUBJECT: Better Health Solutions, Incorporated

(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: Michael Lombardi

Name (Printed or typed)

12549 Colony Preserve Drive

Address

Boynton Beach, Florida 33436

City, State & Zip

561-702-1440

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 28 PM 3:48

June 15, 2007

MICHAEL LOMBARDI
12549 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436

SUBJECT: BETTER HEALTH, INCORPORATED
Ref. Number: W07000026522

We have received your document for BETTER HEALTH, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as or very close to the name of an existing entity. It is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 507A00040284



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 28 PM 3:48

June 4, 2007

MICHAEL LOMBARDI
12549 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436

SUBJECT: BETTER HEALTH, INCORPORATED
Ref. Number: W07000026522

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Claretha Golden
Document Specialist
New Filing Section

Letter Number: 307A00038149

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:

Better Health Solutions, Incorporated

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 28 PM 3:48

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12549 Colony Preserve Drive,
Boynton Beach, Florida 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Software development for the health care industry.

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Lombardi, President, Treasurer, Secretary
12549 Colony Preserve Drive
Boynton Beach, Florida 33436

ARTICLE VI REGISTERED AGENT

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

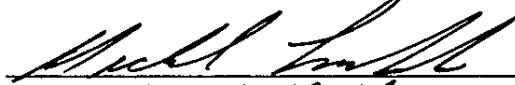
Michael Lombardi
12549 Colony Preserve Drive
Boynton Beach, Florida 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Lombardi
12549 Colony Preserve Drive
Boynton Beach, Florida 33436

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

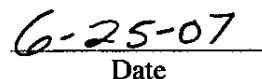


Signature/Registered Agent


Date



Signature/Incorporator


Date