

PO7000081786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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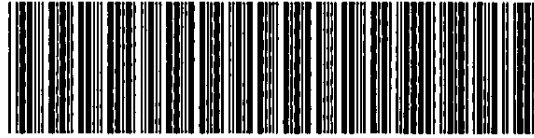
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: COMPREHENSIVE HEALTH CONSULTANT 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: ROBERTO H GOMEZ

Name (Printed or typed)

150 Alton Rd Apt 1215

Address

Miami Beach, Florida 33139

City, State & Zip

786 - 3476358 and 786 - 8532509

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:

COMPREHENSIVE HEALTH CONSULTANT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6101 BLUE LAGOON DRIVE, SUITE 150
MIAMI, FLORIDA 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. HEALTH SERVICES CONSULTING
2. EXPORT MEDICAL SUPPLIES AND HOSPITAL TECHNOLOGY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto H Gómez Mora
President
150 Alton Rd Apto 1215
Miami Bch FL 33139

Soris Diez Arango
Vice-president
150 Alton Rd Apto 1215
Miami Bch FL 33139

ARTICLE VI REGISTERED AGENT

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

Roberto H Gomez
150 Alton Rd Apt 1215
Miami Bch FL 33139

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Roberto H Gomez
150 Alton Rd Apt 1215
Miami Bch FL 33139

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA