

P07000098690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

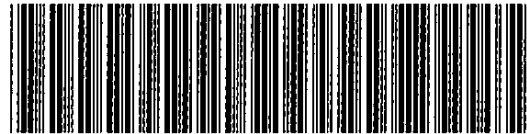
(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: PHYHEALTH PLAN CORPORATION
(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: ROBERT TRINKA
Name (Printed or typed)

700 S. ROYAL POINCIANA BLVD, SUITE 506
Address

MIAMI, FL 33166
City, State & Zip

305-779-1761
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:

PHYHEALTH PLAN CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

700 S. ROYAL POINCIANA BLVD, SUITE 506
MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY
BE INCORPORATED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT TRINKA
700 S. ROYAL POINCIANA BLVD, SUITE 506
MIAMI, FL 33166
PRESIDENT, SECRETARY & DIRECTOR

ARTICLE VI REGISTERED AGENT

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

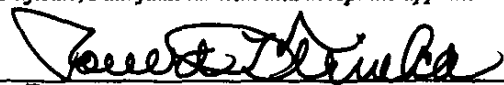
ROBERT TRINKA
700 S. ROYAL POINCIANA BLVD, SUITE 506
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT TRINKA
700 S. ROYAL POINCIANA BLVD, SUITE 506
MIAMI, FL 33166

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

07 SEP -4 PM 1:06

FILED