

P0800076962

(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:

1008-04310

Office Use Only

8/19



700133129657

07/21/08--01037--017 **87.50

FILED
08 AUG 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Quiecor Heart Centers of America, 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: Quiecor Heart Centers of America, Inc.

Name (Printed or typed)

8750 N. W. 18th Street

Address

Coral Springs, FL 33071

City, State & Zip

954 509 1184

Daytime Telephone number

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



RECEIVED

08 AUG 18 AM 8 00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

August 14, 2008

QUIECOR HEART CENTERS OF AMERICA, INC.
8750 N.W. 18TH STREET
CORAL SPRINGS, FL 33071

SUBJECT: QUIECOR HEART CENTERS OF AMERICA, INC.
Ref. Number: W08000034310

We have received your document for QUIECOR HEART CENTERS OF AMERICA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 908A00042362

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:

Quiecor Heart Centers of America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8750 N. W. 18th Street
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100,000,000 Common Shares in various classes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William H. Reeves, PhD, President and Director
8750 N. W. 18th Street
Coral Springs, FL 33071

ARTICLE VI REGISTERED AGENT

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

William H. Reeves, PhD
8750 N. W. 18th Street
Coral Springs, FL 33071

FILED
08 AUG 19 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William H. Reeves, PhD
8750 N. W. 18th Street
Coral Springs, FL 33071

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

William H. Reeves PhD
Signature/Registered Agent

July 16, 2008

Date

William H. Reeves PhD
Signature/Incorporator

July 16, 2008

Date

FILED
08 AUG 19 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA