

P08000097751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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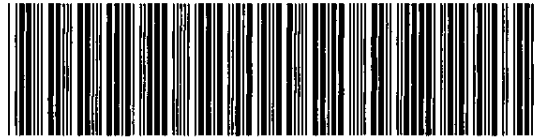
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 30 PM 4:17

gf 10/30/08

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 30 PM 4:17

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

SUBJECT: CH HEALTH SERVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CARLOS HERNANDEZ

Name (Printed or typed)

10805 SW 134 PL

Address

MIAMI, FL 33186

City, State & Zip

786-287-4747

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

CH HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10805 SW 134 PL
MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH SUPPORT SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P
CARLOS HERNANDEZ
10805 SW 134 PL
MIAMI, FL 33186

ARTICLE VI REGISTERED AGENT

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


CARLOS HERNANDEZ
10805 SW 134 PL
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS HERNANDEZ
10805 SW 134 PL
MIAMI, FL 33186

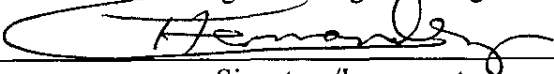
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/27/2008

Date



Signature/Incorporator

10/27/2008

Date