

P09000008478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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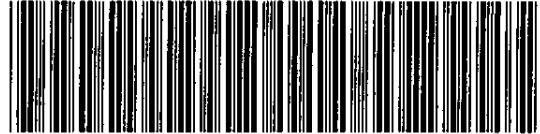
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: H-BAR Management Care Company

(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: Arlene Grant - Bent

Name (Printed or typed)

10580 N.W. 29th Manor

Address

Sunrise, Florida 33322

City, State & Zip

954-593-5440

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:

H-BAR Management Care Company

ARTICLE II PRINCIPAL OFFICE

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

10580 N.W. 29th Manor
Sunrise, Florida 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consulting and health care management services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

--Arlene Grant - Bent - Chief Executive Officer

10580 N.W. 29th Manor
Sunrise, Florida 33322

--Richard Davis - Chief Operating Officer

1921 SW 69th Avenue, Apt 207
Pembroke Pines, Florida 33023

ARTICLE VI REGISTERED AGENT

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

Arlene Grant - Bent
10580 N.W. 29th Manor
Sunrise, Florida 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arlene Grant - Bent
10580 N.W. 29th Manor
Sunrise, Florida 33322

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

Arlene Grant - Bent

Signature/Registered Agent

Arlene Grant Bent

Signature/Incorporator

1-15-09

Date

1-15-09

Date

FILED
09 JAN 26 AM 11:07
H-BAR MANAGEMENT CARE COMPANY
10580 N.W. 29TH MANOR
SUNRISE, FLORIDA 33322