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# **COVER LETTER**

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

Legeth Legeth							
SUBJECT: HEALTH & SOLUTIONS, Inc. HEALTH & SOLUTION,							
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
■ \$70 Filing I		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO					
FROM	FROM: Kristina Harrison Name (Printed or typed)						
Name (Printed or typed)							
3200 Bird Sona Ct							
3200 Bird Song C1. Address							
	Melbourne City,	FL 320/31 State & Zip	+				
	321-255-6928						
321-255-6928  Daytime Telephone number							
time @ we do god stuff .com							
E-mail address: (to be used for future annual report notification)							

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:

HEALTHESOLUTION, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

3200 Bird Song C+ Melbourne FL 32934



The purpose for which the corporation is organized is:

To conduct business in health software development

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V	INITIAL OFFICERS AND/O	OR DIRECTORS
List name(s), ac	ldress(es) and specific title(s):	Address for Both:
Kristina	R. Harrison, Pres.	3200 Bird SongCt.

Terry L. Harrison, V.P. Melbourne FL 32934

### ARTICLE VI REGISTERED AGENT

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

Kristina R. Harrison 3200 Blod Song Ct. Melbourne FL 32934

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Kristian R. Harrison Baco Bird Song Ct. Melbourne FL 32934

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 Date

Printing R. Hennish

Signature/Registered Agent

Date

12 30 09

12 30 09

Date