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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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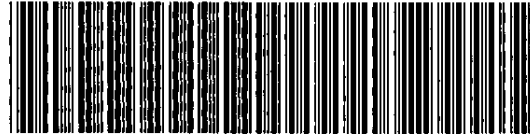
(Business Entity Name)

(Document Number)

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2011 JAN -3 AM 8:08
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TALLAHASSEE, FLORIDA

J. Shivers JAN 04 2011

COVER LETTER

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

SUBJECT: HEALTHONE PROVIDERS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Stanford Williamson
Name (Printed or typed)

3389 Sheridan Street, Unit 407
Address

Hollywood, FL 33021
City, State & Zip

954-791-1600
Daytime Telephone number

stnwilli@gmail.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **HEALTHONE PROVIDERS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2962 SW 26TH TERRACE
SUITE 106
DANIA BEACH, FL 33312

Mailing address, if different is:
3389 SHERIDAN STREET
UNIT 407
HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical, dental, and other health care services, including optometry, physical therapy, and wellness services, to underserved areas within the United States.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Initially, directors will be named in the Articles of Incorporation upon formation of the corporation. After the formation of the initial Board of Directors, directors will be elected annually by majority vote. The election of directors will be addressed in the corporation's Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stanford Williamson, CEO
Address: 2962 SW 26th Terrace
Suite 106
Dania Beach, FL 33312

Name and Title: Pamela Smith, President, COO
Address: 2962 SW 26th Terrace
Suite 106
Dania Beach, FL 33312

Name and Title: Stanford Williamson, CFO
Address: 2962 SW 26th Terrace
Suite 106
Dania Beach, FL 33312

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Stanford Williamson
Address: 2962 SW 26th Terrace
Suite 106
Dania Beach, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stanford Williamson
Address: 2962 SW 26th Terrace
Suite 106
Dania Beach, FL 33312

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

Stanford Williamson
Required Signature of Registered Agent

12/30/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stanford Williamson
Required Signature of Incorporator

12/30/10
Date

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TALLAHASSEE, FLORIDA