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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/28/11

COVER LETTER

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

SUBJECT: Sandra Saint-Eloi MS ARNP-C CWS, 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: Richard Saint-Eloi
Name (Printed or typed)

4861 NW 15 Street
Address

Coconut Creek, FL 33063
City, State & Zip

954-579-1516
Daytime Telephone number

notach@bellsouth.net
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:

Sandra Saint-Eloi MS ARNP-C CWS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4861 NW 15 Street

Coconut Creek, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render medical services.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Sandra Saint-Eloi, President**

Address:

Name and Title:

Address:

Name and Title:

Address:

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: **Richard Saint-Eloi**

Address: **4861 NW 15 Street**

Coconut Creek, FL 33063

ARTICLE VII INCORPORATOR

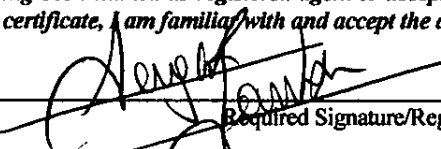
The name and address of the Incorporator is:

Name: **Sandra Saint-Eloi**

Address: **4861 NW 15 Street**

Coconut

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



Required Signature/Registered Agent

1/10/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

1/10/2011

Date

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