

P110000038560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

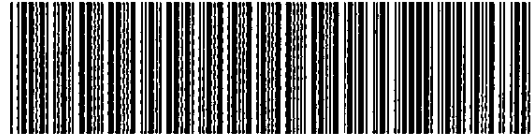
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/11--01027--005 **78.75

FILED

2011 APR 20 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-21-11

COVER LETTER

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

SUBJECT: Olympia Health Systems, 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: Pedro P. Valdes Jr.
Name (Printed or typed)

8901 SW 142 Ave. Apt 628
Address

Miami, Florida, 33186
City, State & Zip

305-484-7933
Daytime Telephone number

valdespeter@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Olympia Health Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8901 SW 142 Ave. Apt 628
Miami, FL, 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide comprehensive medical services to the general public and physicians practicing in private and acute care settings.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Pedro P. Valdes Jr - President</u>	Name and Title: _____
Address: <u>8901 SW 142 Ave. Apt 628</u>	Address: _____
<u>Miami, FL, 33186</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

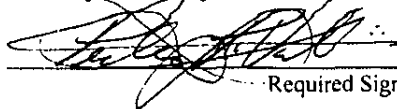
Name: Pedro P. Valdes Jr
Address: 8901 SW 142 Ave. Apt 628
Miami, FL, 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pedro P. Valdes Jr
Address: 8901 SW 142 Ave. Apt 628
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

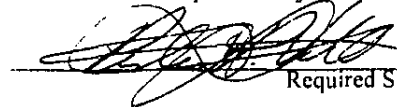


Required Signature/Registered Agent

4/16/11

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

4/16/11

Date

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TALLAHASSEE, FLORIDA