

P11000057814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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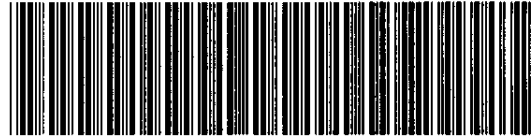
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUN 20 AM 11:34
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Healthcare Advisory Group, 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: Alina D. Serna

Name (Printed or typed)

6801 Crescent Oaks Circle

Address

Lakeland, FL 33813

City, State & Zip

863-619-9752

Daytime Telephone number

aserna6@yahoo.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:

Healthcare Advisory Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6801 Crescent Oaks Circle

Lakeland, FL 33813

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business relating to insurance

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alina D. Serna - Officer/President

Address: 6801 Crescent Oaks Circle

Lakeland, FL 33813

Name and Title: _____

Address: _____

Name and Title: Alain R. Serna - Officer/Vice President

Address: 6801 Crescent Oaks Circle

Lakeland, FL 33813

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: Alina D. Serna

Address: 6801 Crescent Oaks Circle

Lakeland, FL 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alina D. Serna

Address: 6801 Crescent Oaks Circle

Lakeland, FL 33813

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

Alina D. Serna

Required Signature/Registered Agent

06/08/2011

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.

Alina D. Serna

Required Signature/Incorporator

06/08/2011

Date

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11 JUN 20 AM 11:34
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA