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COVER LETTER

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

SUBJECT: MEDICAL HORIZONS INTERNATIONAL, 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: CHRISTOPHER HARKINS
Name (Printed or typed)

20077 BACK NINE DRIVE
Address

BOCA RATON, FL 33498
City, State & Zip

561 302 8836
Daytime Telephone number

chark0303@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
SECRETARY OF STATE

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: MEDICAL HORIZONS INTERNATIONAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6245 N. FEDERAL Highway
Suite 300
FT LAUDERDALE, FL 33308

Mailing address, if different is:

20077 BACK NINE DRIVE
BOCA RATON, FL 33498
ATTN: C. HARKINS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
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: GARFIELD ROAD VENTURES, INC.
Address: 20077 BACK NINE DRIVE
BOCA RATON, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER HARKINS
Address: 20077 BACK NINE DRIVE
BOCA RATON, FL 33498

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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

GARFIELD ROAD VENTURES, INC. by: C. Harkins, Its Pres
Required Signature/Registered Agent

6-21-11
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.

C. Harkins
Required Signature/Incorporator

6-21-11
Date