

P110000062751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600208265376

06/24/11--01003--002 **70.00

FILED
2011 JUL 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

SC 10110000034451
1-18-11

COVER LETTER

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

SUBJECT: Your Health Plans 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: Bruce Goldberg

Name (Printed or typed)

2950 W Cypress Creek Rd #203

Address

Fort Lauderdale, FL 33309

City, State & Zip

954-773-2800

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED
2011 JUL 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Your Health Plans Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2950 W Cypress Creek Rd 203
Fort Lauderdale, FL 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Goldberg-President
Address: 2950 W Cypress Creek Rd 203
Fort Lauderdale, FL 33309

Name and Title: Terry Alvarado-Vice president
Address: 7301 NW 18 St #206
Margate, FL 33063

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: Lisa Hubert
Address: 5520 SW 38th Court
Davie, Florida 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce Goldberg
Address: 2950 W Cypress Creek Rd 203
Fort Lauderdale FL 33309

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

Lisa Hubert
Required Signature/Registered Agent

06/20/11
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.

[Signature]
Required Signature/Incorporator

06/20/11
Date

FILED
2011 JUL 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 11 PM 1:16
DIVISION OF CORPORATIONS

June 28, 2011

BRUCE GOLDBERG
2950 W CYPRESS CREEK ROAD
#203
FORT LAUDERDALE, FL 33309

SUBJECT: YOUR HEALTH PLANS INC.
Ref. Number: W11000034451

We have received your document for YOUR HEALTH PLANS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 611A00015484