

P11200009386A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

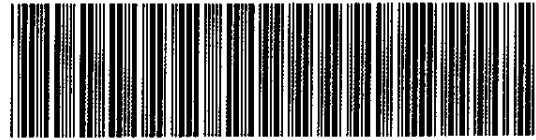
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 25 PM 12:55

10/28
10/28
JD

W11000053519

COVER LETTER

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

SUBJECT: Certified Health Services, 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: Clytie Campbell

Name (Printed or typed)

23006 Sandalfoot Plaza Drive

Address

Boca Raton, FL 33428

City, State & Zip

954-806-8464

Daytime Telephone number

ccampbell@mycertifiedhealth.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

CLYTIE CAMPBELL
23006 SANDALFOOT PLAZA DR
BOCA RATON, FL 33428

SUBJECT: CERTIFIED HEALTH SERVICES, INC.
Ref. Number: W11000053519

We have received your document for **CERTIFIED HEALTH SERVICES, INC.** and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A0002387

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 25 AM 10:44

RECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME CERTIFIED HEALTH SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
23006 Sandalfoot Plaza Drive
Boca Raton, FL 33428

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Home Health Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clytie Campbell - President
Address: 661 Carrotwood Terrace
Plantation, FL 33324

Name and Title: _____
Address: _____

Name and Title: Mauva Munford - Vice President
Address: 3296 N State Road 7
Lauderdale Lakes, FL 33319

Name and Title: _____
Address: _____

Name and Title: Suzette Costanzo - Secretary/Treasurer
Address: 12490 SW 7th Place
Davie, FL 33325

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: Clytie Campbell
Address: 661 Carrotwood Ter.
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Clytie Campbell
Address: 661 Carrotwood Terrace
Plantation, FL 33325

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

10/14/2011

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

10/14/2011

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 25 PM 12:55