

P1000101070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

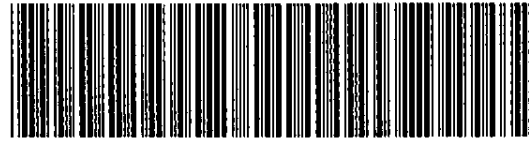
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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EFFECTIVE DATE

1-1-12

11/21/11--01024--017 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 AM 11:40

PS 11/28/11

COVER LETTER

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

SUBJECT: Velocity 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Victor Echeverri

Name (Printed or typed)

235 Burgundy E

Address

Delray Beach, FL 33484

City, State & Zip

561-305-0020

Daytime Telephone number

vicecheverri@gmail.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

Velocity Health Services, Inc.

The name of the corporation shall be:

VELOCITY HEALTH SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

235 Burgundy E

Delray Beach, FL 33484

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Any and all legal business".

EFFECTIVE DATE 1-1-12

ARTICLE VIII - EFFECTIVE DATE: JAN 1, 2012

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Haym, President

Address: 1330 West Ave #2506

MIAMI BEACH, FL 33139

Name and Title: Victor Echeverri, Vice President

Address: 235 Burgundy E

Delray Beach, FL 33484

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: Victor Echeverri

Address: 235 Burgundy E

Delray Beach, FL 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Echeverri

Address: 235 Burgundy E

Delray Beach, FL 33484

Having been named as registered agent to accept service of process for the above stated corporation at the place in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Victor Echeverri

Required Signature/Registered Agent

Nov 17, 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.

Victor Echeverri

Required Signature/Incorporator

Nov 17, 2011

Date

VICTOR ECHEVERRI

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