

DEC. 8. 2011

2:49 PM

CAPITAL CONNECTION

NO. 8872

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 8 PM 3:33

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Healthcare Solutions Consulting Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 8 AM 9:46

FILED

MRS 12/9

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

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

**SUBJECT: Healthcare Solutions Consulting 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: David Brazil**

Name (Printed or typed)

**2501 East Commercial Blvd. Suite # 207**

Address

**Fort Lauderdale Florida 33308**

City, State & Zip

**954 530-7727**

Daytime Telephone number

**healthcaresolutionsconsulting@inbox.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)

**FILED**

11 DEC -8 AM 9:46

**ARTICLE I NAME**

The name of the corporation shall be: Healthcare Solutions Consulting Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
2501 East Commercial Blvd.  
Suite # 207  
Fort Lauderdale Florida 33308Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The specific nature of the business is to provide medical placement services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Brazil President	Name and Title: _____
Address: 2501 East Commercial Blvd.	Address: _____
Suite # 207	_____
Fort Lauderdale FL 33308	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Brazil  
Address: 2501 East Commercial Blvd Suite # 207  
Fort Lauderdale FL 33308**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Brazil  
Address: 2501 East Commercial Blvd Suite # 207  
Fort Lauderdale FL 33308

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

12/08/2011

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.

  
\_\_\_\_\_  
Required Signature/Incorporator

12/08/2011

Date