

P12000012347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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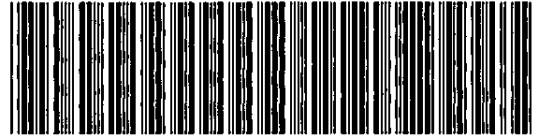
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Premier Mobile Health Solutions, 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: Steve Leykind

Name (Printed or typed)

1945 S. Ocean Dr #703

Address

Hallandale Beach, FL 33009

City, State & Zip

718.669.8297

Daytime Telephone number

Steve.Leykind@premiermhs.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

The name of the corporation shall be: Premier Mobile Health Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
250 S. Federal HWY
Dania Beach, FL 33004

Mailing address, if different is:
1945 S. Ocean Dr #703
Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Mobile Physicians

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Leykind
Address: 1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009

Name and Title: _____
Address: _____

Name and Title: Leon Batkilin
Address: 500 Three Islands Blvd #717
Hallandale Beach, FL 33009

Name and Title: _____
Address: _____

Name and Title: Jonelle Rivas
Address: 1451 SW 75 Ter
Plantation, FL 33317

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

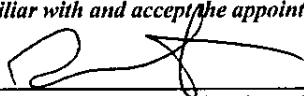
Name: Steve Leykind
Address: 1945 S. Ocean Dr #703
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Leykind
Address: 1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009

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

1/16/12

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

1/16/12

Date

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12 FEB - 3 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA