

PI 2000019735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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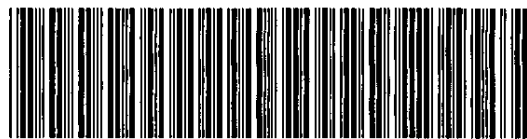
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch FEB 28 2012

COVER LETTER

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

SUBJECT: E&M HEALTH SERVICES Corp.

(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: ELSA MACHADO

Name (Printed or typed)

7333 CORAL WAY

Address

MIAMI, FLORIDA 33155

City, State & Zip

786-380-3500

Daytime Telephone number

emhealthservices@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

The name of the corporation shall be: **E&M HEALTH SERVICES Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7333 CORAL WAY
MIAMI, FLORIDA 33155

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ELSA MACHADO**
Address: **1836 NW 22CT APT 2**
MIAMI, FL 33125
PRESIDENT

Name and Title: **MARLENYS A. HERNANDEZ RODRIGUEZ**
Address: **8638 HARDING Ave APT 2**
MIAMI BEACH, FL 33141
PRESIDENT

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: **ELSA MACHADO**
Address: **1836 NW 22 CT APT 2**
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ELSA MACHADO**
Address: **1836 NW 22 CT APT 2**
MIAMI, FL 33125

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

2/23/2012

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

2/23/2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA