

P12000047245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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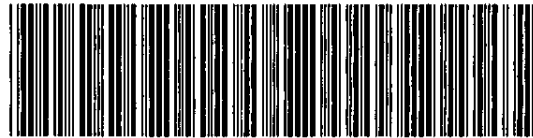
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2012 MAY 21 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. S. Myers MAY 22 2012

COVER LETTER

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

SUBJECT: Gish Health, 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: Maria Gish

Name (Printed or typed)

1604 Little Sparrow Court

Address

Winter Springs, Florida 32708

City, State & Zip

317-753-6541

Daytime Telephone number

maria@gishhealth.com

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

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

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SECRETARY OF STATE

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: Gish Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11805 N. Pennsylvania St.
Suite 145
Carmel, IN 46032

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To coach/counsel individuals on better nutrition.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Maria Gish, President</u>	Name and Title: _____
Address: <u>1604 Little Sparrow Court</u>	Address: _____
<u>Winter Springs, FL 32708</u>	_____

Name and Title: <u>Kurt Gish, Secretary/Treasurer</u>	Name and Title: _____
Address: <u>1604 Little Sparrow Court</u>	Address: _____
<u>Winter Springs, FL 32708</u>	_____

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: Maria Gish
Address: 1604 Little Sparrow Court
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Gish
Address: 1604 Little Sparrow Court
Winter Springs, FL 32708

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.

Maria Gish
Required Signature/Registered Agent Maria Gish

5/17/12
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.

Maria Gish
Required Signature/Incorporator Maria Gish

5/17/12
Date

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