

P/2000064452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

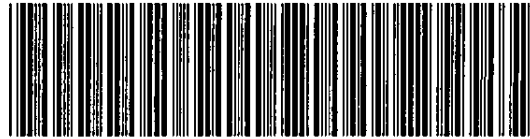
(Document Number)

Certified Copies _____

Certificates of Status _____

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12 JUL 23 PM 4:26
TALLAHASSEE, FLORIDA

K 07/24/12

HEALTH LINK PLUS, INC.
555 SW 12TH Ave. Suite 107
Pompano Beach, FL 33069

July 19, 2012

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

To Whom it May Concern:

In 2010, I incorrectly set-up my Corporation as a Non-Profit. After becoming aware of my mistake, I filed online for dissolution, Document Number N10000009265, effective 07/18/2012, confirmation #900237601289.

I would like to submit Articles of Incorporation (Profit) under the same name of HEALTH LINK PLUS, INC. I am not planning on revoking dissolution and hereby release the name HEALTH LINK PLUS, INC.

Please process the attached Articles of Incorporation.

If additional information is required, please contact me.

Sincerely,



Ryan Labott, President

Health Link Plus Inc.
Ph: 954-649-0135
Fax: 954-942-2137
Ryan@healthlinkplus.com

FILED
12 JUL 23 PM 4:24
TALLAHASSEE FL 32314

COVER LETTER

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

SUBJECT: HEALTH LINK PLUS, 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: RYAN LABOTT

Name (Printed or typed)

555 SW 12TH AVE. SUITE 107

Address

POMPANO BEACH, FL 33069

City, State & Zip

954-649-0135

Daytime Telephone number

RYAN@HEALTHLINKPLUS.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 HEALTH LINK PLUS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
555 SW 12TH AVE.
SUITE 107
POMPANO BEACH, FL 33069 US

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RYAN LABOTT, PRESIDENT
Address: 555 SW 12TH AVE.
SUITE 107
POMPANO BEACH, FL 33069 US

Name and Title: _____
Address: _____

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:

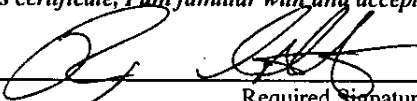
Name: RYAN LABOTT
Address: 555 SW 12TH AVE, SUITE 107
POMPANO BEACH, FL 33069 US

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RYAN LABOTT
Address: 555 SW 12TH AVE, SUITE 107
POMPANO BEACH, FL 33069 US

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

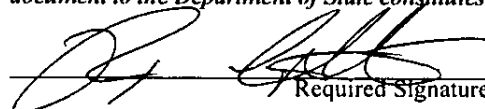


Required Signature/Registered Agent

07/19/2012

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

07/19/2012

Date

12 JUL 23 PM 4:24
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE