

P12000071995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

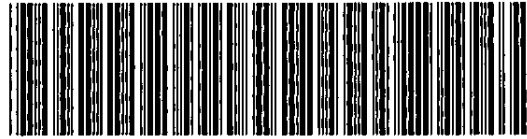
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200238570382

08/20/12--01027--009 **70.00

12 AUG 20 AM 11:33



8/24
8/24

COVER LETTER

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

SUBJECT: PHYHEALTH ACQUISITION CORPORATION
(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: ROBERT TRINKA
Name (Printed or typed)

700 S. ROYAL POINCIANA BLVD, SUITE 506
Address

MIAMI, FL 33166
City, State & Zip

305-779-1761
Daytime Telephone number

rtrinka@phyhealth.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:

PHYHEALTH ACQUISITION CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

700 S. ROYAL POINCIANA BLVD
SUITE 506
MIAMI, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS
MAY BE INCORPORATED IN FLORIDA.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT TRINKA, DIRECTOR
Address: 700 S. ROYAL POINCIANA BLVD
SUITE 506
MIAMI, FL 33166

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: ROBERT TRINKA
Address: 700 S. ROYAL POINCIANA BLVD, STE 506
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT TRINKA
Address: 700 S. ROYAL POINCIANA BLVD, STE 506
MIAMI, FL 33166

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

8/17/2012

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

8/17/2012

Date

12 AUG 20 AM 11:33
FBI MIAMI