

P120000101273

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Ord56950

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ORANGE HEALTH PLAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ORANGE HEALTH PLAN, 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: ARNALDO FERNANDEZ BACA
Name (Printed or typed)

6700 CYPRESS ROAD # 405
Address

PLANTATION, FL 33317
City, State & Zip

954-587-7318
Daytime Telephone number

giobani01@hotmail.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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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: ORANGE HEALTH PLAN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6700 CYPRESS RD #405
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE

ARTICLE IV SHARES

This number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARNALDO FERNANDEZ-BACA Name and Title:

Address: PRESIDENT Address:

6700 CYPRESS RD #405
PLANTATION, FL 33317

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: ARNALDO FERNANDEZ-BACA

Address: 6700 CYPRESS RD #405
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARNALDO FERNANDEZ BACA

Address: 6700 CYPRESS RD. #405
PLANTATION, FL 33317

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

JAF/A

Required Signature/Registered Agent

12-12-12

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.

JAF/A

Required Signature/Incorporator

12-12-12

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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