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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 12/20

COVER LETTER

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

SUBJECT: Network Coordinators, 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: Elaine Massey
Name (Printed or typed)

10620 Fawn Drive
Address

New Port Richey FL 34654
City, State & Zip

727-856-4330
Daytime Telephone number

elairuss@hotmail.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:

Network Coordinators, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10620 Fawn Drive
New Port Richey FL 34654

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical claims processing
business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elaine Massey, President

Address: 10620 Fawn Drive

New Port Richey FL 34654

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: Elaine Massey

Address: 10620 Fawn Drive
New Port Richey FL 34654

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elaine Massey

Address: 10620 Fawn Drive
New Port Richey FL 34654

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

Elaine Massey

Required Signature/Registered Agent

12/17/12

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.

Elaine Massey

Required Signature/Incorporator

12/17/12

Date