

P13000009357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

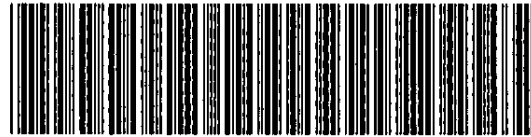
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/14/13--01025--002 **78.75

FILED

13 JAN 28 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/30/13

COVER LETTER

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

SUBJECT: JB Health Care Solutions, PA

(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: John P Barie

Name (Printed or typed)

2121 First St NE

Address

St. Petersburg, FL 33704

City, State & Zip

727.437.9698

Daytime Telephone number

jb.healthcare.solutions@gmail.com

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

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



RECEIVED
13 JAN 28 AM 11:18

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2013

JOHN P BARIE
2121 FIRST ST NE
ST. PETERSBURG, FL 33704

SUBJECT: JB HEALTH CARE SOLUTIONS, PA
Ref. Number: W13000003106

We have received your document for JB HEALTH CARE SOLUTIONS, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 213A00001174

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

13 JAN 28 PM 12:07

ARTICLE I NAME

The name of the corporation shall be: **JB Health Care Solutions, PA**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2121 First St NE

St. Petersburg, FL 33704

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I am a licensed insurance agent providing services to the general public regarding the benefits and costs of individual and group health insurance, life insurance and accident insurance.

ARTICLE IV SHARES

The number of shares of stock is: **23**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John P. Barle, President

Address: 2121 First St NE

St. Petersburg, FL 33704

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: John P. Barle

Address: 2121 First St NE

St. Petersburg, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: John P. Barle

Address: 2121 First St NE

St. Petersburg, FL 33704

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

January 23, 2013
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

January 23, 2013
Date