

PB000054557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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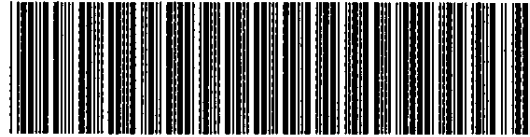
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ymd 6/25

COVER LETTER

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

SUBJECT: JLP Health Solutions, 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: Jennifer L. Picciano

Name (Printed or typed)

17565 Deer Isle Circle

Address

Winter Garden, FL 34787

City, State & Zip

407-947-4802

Daytime Telephone number

jen.picciano711@gmail.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: JLP Health Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

17565 Deer Isle Circle

Winter Garden, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Sales and Marketing

ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer L. Picciano, -P Name and Title: _____

Address 17565 Deer Isle Circle Address: _____
Winter Garden, FL 34787

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: David Picciano
Address: 17565 Deer Isle Circle
Winter Garden, FL 34787

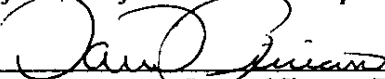
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jennifer L. Picciano
Address: 17565 Deer Isle Circle
Winter Garden, FL 34787

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

06-21-13

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

6-21-13

Date