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(Requestor's Name)

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(City/State/Zip/Phone #)

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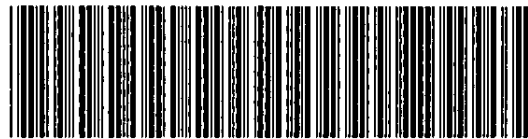
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 8/13

COVER LETTER

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

SUBJECT: Contemporary Health 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Contemporary Health Inc

Name (Printed or typed)

275 21st Avenue NE

Address

St. Petersburg, Florida 33704

City, State & Zip

(727) 399-7900

Daytime Telephone number

justin@contemporaryhealth.net

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 Contemporary Health Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

275 21st Avenue NE

St. Petersburg, FL 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to provide complementary healthcare.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin DeStoppelaire/President

Name and Title: _____

Address: 275 21st Avenue NE

Address: _____

St. Petersburg, FL 33704

Name and Title: G. Marisol DeStoppelaire/Treas.

Name and Title: _____

Address: 275 21st Avenue NE

Address: _____

St. Petersburg, FL 33704

Name and Title: Rosemary Romero/Secretary

Name and Title: _____

Address: 275 21st Avenue NE

Address: _____

St. Petersburg, FL 33704

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TALLAHASSEE, FLORIDA

(conti.)

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: Justin DeStoppelaire

Address: 275 21st Avenue NE

St. Petersburg, FL 33704

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


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

Name: Justin DeStoppelaire

Address: 275 21st Avenue 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

8/5/2013
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

8/5/2013
Date