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(Business Entity Name)

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TALLAHASSEE, FLORIDA

✓ 09/20/13

COVER LETTER

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

SUBJECT: Enclave Healthcare, 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: Alan S. Whiteman, Ph.D.

Name (Printed or typed)

675 NW 101 Terrace

Address

Coral Springs, FL 33071

City, State & Zip

954/295-2855

Daytime Telephone number

alanwhiteman@bellsouth.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

The name of the corporation shall be: Enclave Healthcare, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

675 NW 101 Terrace

Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business consulting to healthcare organizations, including
wholesale of some products.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan S. Whiteman, Ph.D., President/Secretary/Director

Name and Title: _____

Address

675 NW 101 Terrace

Address: _____

Coral Springs, FL 33071

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: Alan S. Whiteman, Ph.D.

Address: 675 NW 101 Terrace
Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA

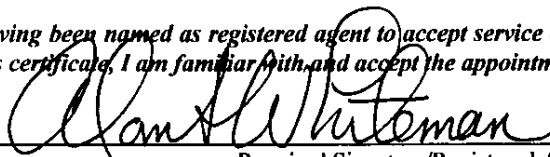
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan S. Whiteman, Ph.D.

Address: 675 NW 101 Terrace
Coral Springs, FL 33071

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

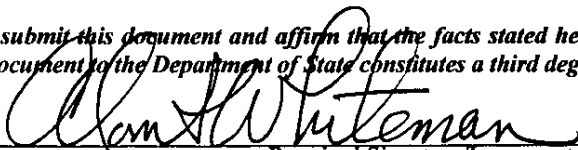


Required Signature/Registered Agent

September 12, 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

September 12, 2013

Date