

MAR/26/2014 WED 1:11 PM

FAX No.

P. 001/003

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

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RECEIVED
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DIVISION OF CORPORATIONS
14 MAR 26 AM 11:00

RECEIVED
14 MAR 26 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
HOWARD HEALTH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

[Handwritten signature]
3-27-14

MAR/26/2014/WED 11:10 AM

FAX No.

P. 002/003

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: Howard Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5518 Dogwood Way

Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica L. Howard, President

Address: 5518 Dogwood Way
Lauderhill, FL 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 MAR 26 AM 11:00
CLERK OF STATE
DIVISION OF CORPORATIONS

MAR/26/2014/WED 11:10 AM

FAX No.

P. 003/003

(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: Monica L. Howard, President
Address: 5518 Dogwood Way
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica L. Howard, President
Address: 5518 Dogwood Way
Lauderhill, FL 33319

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

Monica L Howard

Required Signature/Registered Agent

03/25/2014

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.

Monica L Howard

Required Signature/Incorporator

03/25/2014

Date