

PK40000039549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

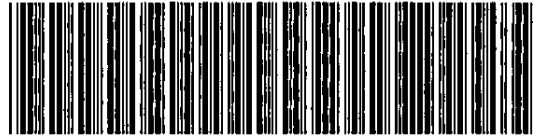
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11K1-24569

MD 5/6

COVER LETTER

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

SUBJECT: CHF Relief Associates, 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: Eze D. Uche, MD, PA
Name (Printed or typed)

4646 Via Del Medico
Address

Leesburg, FL 34748
City, State & Zip

352-360-0058
Daytime Telephone number

ezeduche@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2014

EZE D. UCHE, MD, PA
4646 VIA DEL MEDICO
LEESBURG, FL 34748

SUBJECT: CHF RELIEF ASSOCIATES, INC.
Ref. Number: W14000024569

We have received your document for CHF RELIEF ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00008304

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: CHF Relief Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4646 Via Del Medico
Leesburg, FL 34748

Mailing address, if different is:

n/a

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Stop or stall CHF exacerbation
and bring total relief to all parties impacted by CHF.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eze D. Uche, President

Name and Title: n/a

Address: 4646 Via Del Medico
Leesburg, FL 34748

Address:

Name and Title: n/a

Name and Title: n/a

Address:

Address:

Name and Title: n/a

Name and Title: n/a

Address:

Address:

(conti.)

Name and Title: n/a Name and Title: n/a
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ~~###~~ Terri Simmons
Address: 4646 Via Del Medico
Leesburg, FL 34748

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EZE D. Uche
Address: 4646 Via Del Medico
Leesburg, FL 34748

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

~~Terri Simmons~~
Required Signature/Registered Agent

~~###~~ 4/29/14
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.

EZE Uche
Required Signature/Incorporator

4/9/14
Date