

PI40000039588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

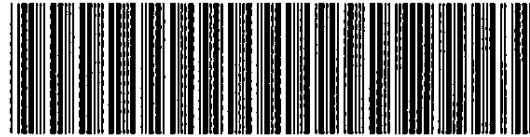
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY -5 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/6/14

## COVER LETTER

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

**SUBJECT: GROUP ONE HEALTH CORP.**

(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: RAY H. PEREZ**

Name (Printed or typed)

**14750 SW 93 CT**

Address

**MIAMI, FLORIDA. 33176**

City, State & Zip

**305-801-3142**

Daytime Telephone number

**GROUPONE@ATT.NET**

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: GROUP ONE HEALTH CORP.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14750 SW 93 CT

MIAMI, FLORIDA. 33176

Mailing address, if different is: 14 MAY -5 PM 4: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HEALTH INSURANCE MARKETING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAY H. PEREZ, PRESIDENT

Address: 14750 SW 93 CT  
MIAMI, FLORIDA. 33176

Name and Title: RAFAEL E. AVILA, VP

Address: 6625 MIAMI LAKES DR.  
SUITE 497

MIAMI LAKES, FLORIDA. 33014

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(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:

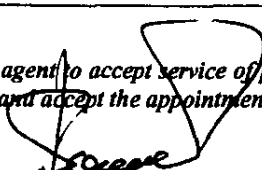
Name: RAY H. PEREZ  
Address: 14750 SW 93 CT  
MIAMI, FLORIDA. 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAY H. PEREZ  
Address: 14750 SW 93 CT  
MIAMI, FLORIDA. 331716

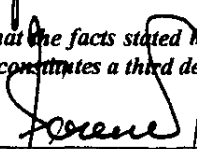
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/01/2014

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

05/01/2014

\_\_\_\_\_  
Date

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