

P14000081808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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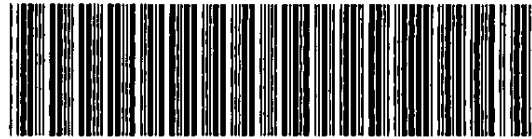
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 10/07/14

COVER LETTER

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

SUBJECT: **Kadesh Health, Co.**

(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: **Daniel Gherghina**

Name (Printed or typed)

10151 Enterprise Center Blvd, Ste 204

Address

Boynton Beach, FL 33437

City, State & Zip

561-737-9996

Daytime Telephone number

dgherghina@gmail.com

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: Kadesh Health, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10151 Enterprise Center Blvd., Ste 204

Boynton Beach, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide comprehensive health care to patients in a nursing home, hospice or rehabilitation facility.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valentina T Gherghina, PTD

Name and Title: Daniel A Gherghina, VS

Address 281 Oregon Lane

Address: 281 Oregon Lane

Boca Raton, FL 33487

Boca Raton, FL 33487

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: Daniel A Gherghina
Address: 281 Oregon Lane
Boca Raton, FL 33487


ARTICLE VII INCORPORATOR

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

Name: Daniel A Gherghina
Address: 281 Oregon Lane
Boca Raton, FL 33487

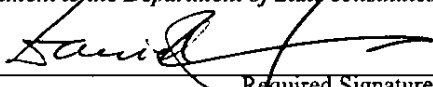
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

09/29/2014
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

09/29/2014
Date