

BMO HEALTHCARE SERVICES, INC.

7522 TERRACE RIVER DRIVE, FL TAMPA 33637 (813)361-7265

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

December 4, 2014

Subject: Release of Corporation Name

This is to certify that I am the President of BMO HEALTHCARE SERVICES, INC. listed under document No: P12000095244, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,


BRIDGET O SHODEINDE
President

FILED
14 DEC -9 PM 12:32
TALLAHASSEE, FL 32314

COVER LETTER

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

SUBJECT: **BMO HEALTHCARE SERVICES, 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: **BRIDGET O SHODEINDE**
Name (Printed or typed)

7522 TERRACE RIVER DRIVE
Address

TAMPA, FL 33637
City, State & Zip

(813)361-7265
Daytime Telephone number

AL_MAYUNGBE@YAHOO.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:

BMO HEALTHCARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7522 TERRACE RIVER DRIVE

TAMPA, FL 33637

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BRIDGET SHODEINDE-PRD**

Name and Title: _____

Address **7522 TERRACE RIVER DRIVE**

Address: _____

TAMPA, FL 33637

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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14 DEC -9 PM 12:32
TAMPA, FL
CLERK OF CIRCUIT COURT

(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: ALBERT A MAYUNGBE, CPA
Address: 111 NW 183RD STREET, SUITE 402
MIAMI, FL 33169

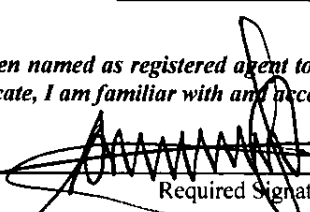
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRIDGET O SHODEHINDE
Address: 7522 TERRACE RIVER DRV
TAMPA, FL 33637

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

12/04/2014

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

12/04/2014

Date