

PIA000102565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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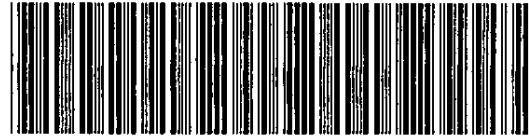
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 30 PM 3:06
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

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

SUBJECT: W.H. Medical Management , ^{Corp.} ~~Inc.~~
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Lawrence Weiner
Name (Printed or typed)

3190 S. State Rd 7 12-b
Address

Miramar , Fl 33023
City, State & Zip

954-961-0511
Daytime Telephone number

wdocchiro@aol.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: W.H. Medical management, ~~inc~~ Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

W.H. Medical Management, ~~inc~~ Corp.

14323 Miramar Parkway

Mirarmar, FI 33027

ARTICLE III PURPOSE

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

ARTICLE IV SHARES 10,000

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Weiner / President

Name and Title: _____

Address 14323 miramar parkway
Miramar , FI 33027

Address: _____

Name and Title: Brandon Hochman/Vice President

Name and Title: _____

Address 14323 Miramar parkway
Miramar, FI 33027

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: Lawrence Weiner
Address: 3190 S. State Rd 7
Miramar, FI 33023

ARTICLE VII INCORPORATOR

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


Name: Lawrence Weiner
Address: 3190 S. State Rd 7
Miramar, FI 33023

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

12/22/14
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.


Required Signature/Incorporator

12/22/14
Date

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