

P/5000033327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

'APR 13 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*ONU Healthcare Consulting 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: \_\_\_\_\_

*Oscar Villegas*

Name (Printed or typed)

*15065 SW 143 Terrace*

Address

*Miami, FL 33196*

City, State & Zip

*305-3038614*

Daytime Telephone number

*villegasoscar14@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: QNU Healthcare Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15065 SW 143 Terrace  
Miami, FL 33196

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Geny and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Osor Villegas President Name and Title:

Address 15065 SW 143 Terrace Address:  
Miami FL 33196

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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TALLAHASSEE, FLORIDA

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

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

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Oscar Villegas

Address: 15065 SW 143 Terrace

Miami, FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Oscar Villegas

Address: 15065 SW 143 Terrace

Miami, FL 33196

*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*

Oscar Villegas  
Required Signature/Registered Agent

04/03/2015  
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.*

Oscar Villegas  
Required Signature/Incorporator

04/03/2015  
Date