

P15 000040558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

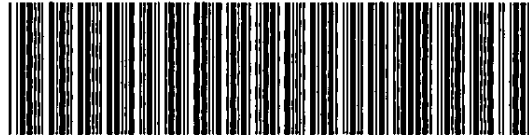
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400270915414

03/27/15--01009--018 **78.75

FILED
15 MAY -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Minerva Jones
Name (Printed or typed)
4760 W Atlantic Blvd. # 202
Address
Margate, FL 33063
City, State & Zip
954-600-3776
Daytime Telephone number
Love.2630@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

~~Page 22~~ 040

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: SearchMD Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4760 W Atlantic Blvd. Suite 202
Margate, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Malcolm Jones President Name and Title: _____

Address 4760 W Atlantic Blvd. Address: _____
#202

Margate, FL 33063

Name and Title: Minera Jones Secretary Name and Title: _____

Address 4760 W Atlantic Blvd. Address: _____
#202

Margate, FL 33063

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAY -5 PM 4:28
SECRETARY OF STATE
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: Minerva Jones

Address: 4760 W Atlantic Blvd. # 202

Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Minerva Jones

Address: 4760 W Atlantic Blvd. # 202

Margate, FL 33063

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

Minerva Jones
Required Signature/Registered Agent

3/23/15
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.

Minerva Jones
Required Signature/Incorporator

3/23/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2015

MINERVA JONES
4760 W ATLANTIC BLVD. #202
MARGATE, FL 33063

SUBJECT: PREMIER HEALTH CARE, CORP.
Ref. Number: W15000022335

We have received your document for PREMIER HEALTH CARE, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00006385

15 APR 21 AM 11:29
FILING SECTION
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

MINERVA JONES **2ND MAILING**
4760 W ATLANTIC BLVD. #202
MARGATE, FL 33063

SUBJECT: SEARCHMD
Ref. Number: W15000022335

RECEIVED
15 MAY -5 AM 9:21
TALLAHASSEE, FLORIDA

We have received your document for SEARCHMD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00006385

FILED
15 MAY -5 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA