

P15 000072448

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9/3/15  
PCC

FILED  
2015 AUG 31 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Teamwork Recovery

(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:** Rene F. Gomez

Name (Printed or typed)

10621 North Kendall Drive Suite 211

Address

Miami, FL 33176

City, State & Zip

305 596 4288

Daytime Telephone number

renefgomez@hotmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2015

RENE F. GOMEZ  
10621 NORTH KENDALL DR., STE 211  
MIAMI, FL 33176

SUBJECT: TEAMWORK RECOVERY  
Ref. Number: W15000054285

We have received your document for TEAMWORK RECOVERY 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 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 415A00017032

**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: Teamwork Recovery INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Teamwork Recovery INC.

Mailing address, if different is:

10621 North Kendall Drive Suite 211

Miami, Fl 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Healthcare Consulting

FILED  
2015 AUG 31 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Rene F. Gomez, CEO

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

Address 10621 North Kendall Drive

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

Suite 211

Miami, Fl 33176

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

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

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

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

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: Rene Gomez

Address: 10621 North Kendall Drive Suite 211

Miami, Fl 33176

**ARTICLE VII INCORPORATOR**

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

Name: Rene Gomez

Address: 10621 North Kendall Drive Suite 211

Miami, Fl 33176

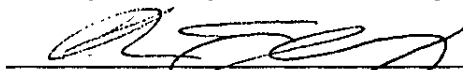
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/1/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/4/2015  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

08/4/2015  
\_\_\_\_\_  
Date