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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (713) 429-1276

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION  
NGT HEALTHCARE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** NGT HEALTHCARE SERVICES, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3165 HOLIDAY SPRINGS BLVD #24  
MARGATE, FL 33063  
Mailing address, if different is: 165 HOLIDAY SPRINGS BLVD #24  
MARGATE, FL 33063

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: 'Any and all lawful business'

**ARTICLE IV SHARES** 100 Shares at 10 Cents Par Value  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: BINISH ALI D, P, S, T Name and Title: \_\_\_\_\_  
Address: 3165 HOLIDAY SPRINGS BLVD #24 Address: \_\_\_\_\_  
MARGATE, FL 33063

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: The Law Offices of Nick Spradlin, PLLC  
 Address: 2202 N. WEST SHORE BLVD. #200  
TAMPA, FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN ESQ.  
 Address: 2202 N. WEST SHORE BLVD. #200  
TAMPA, FL 33607

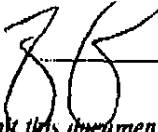
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

 \_\_\_\_\_ 11/20/2015  
 Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 11/20/2015  
 Required Signature/Incorporator Date