

P15000048295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

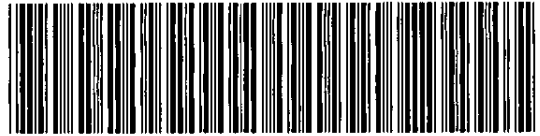
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 DEC 10 PM 2:18
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SUFFICIENCY OF FILING

REC'D
15 DEC 10 PM 2:33
DEPT. OF STATE
CORPORATE DIVISION

DEC 10 2015

T SCHROEDER

Date: 12/10/2015

Account #: I20000000088

Name: Darian Shump

Reference #: D279971

ENTITY NAME: BHM HEALTHCARE SOLUTIONS, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: \$ 128.75

Signature: 

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

COVER LETTER

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

SUBJECT: BHM Healthcare Solutions, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Mark R. Rosenberg

Name (printed or typed)

695 Central Avenue, Suite 208

Address

St. Petersburg, Florida 33701

City, State & Zip

(888) 831-1171

Daytime Telephone Number

mrosenberg@bhmpc.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Mark R. Rosenberg, President,
(Name) (Title)

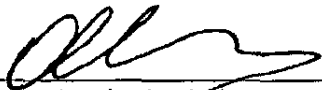
of BHM Healthcare Solutions, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 26, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Missouri.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was BHM Healthcare Solutions, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is BHM Healthcare Solutions, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Missouri.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of BHM Healthcare Solutions, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10th day of December, 2015.



(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUN 10 PM 2:33

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

BHM Healthcare Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

BHM Healthcare Solutions, Inc.

BHM Healthcare Solutions, Inc.

Attention: Mark R. Rosenberg

Attention: Mark R. Rosenberg

695 Central Avenue, Suite 208

695 Central Avenue, Suite 208

St. Petersburg, Florida 33701

St. Petersburg, Florida 33701

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

For any lawful purpose or purposes for which a corporation may be incorporated
under the Florida Business Corporation Act, as amended from time to time.

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19 DEC 10 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 30,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/Mark R. Rosenberg
695 Central Avenue, Suite 208
St. Petersburg, FL 33701

Title/Name

Secretary/Mark R. Rosenberg
695 Central Avenue, Suite 208
St. Petersburg, FL 33701

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

RECORDED
STATE
OFFICE
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TALLAHASSEE, FLORIDA

FILED

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mark R. Rosenberg
695 Central Avenue, Suite 208
St. Petersburg, Florida 33701

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Mark R. Rosenberg
695 Central Avenue, Suite 208
St. Petersburg, Florida 33701

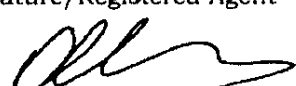
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

12/10/15

Date



Signature/Incorporator

12/10/15

Date

RECEIVED OF STATE
ATTORNEY GENERAL
11/10/15

15 DEC 10 PM 2:33

FILE