

P/5000099866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

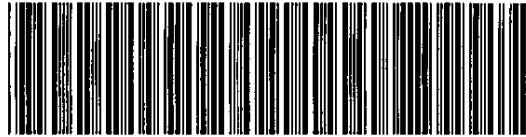
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279395655

12/08/15--01005--024 **70.00

EFFECTIVE DATE

12/11/2015

FILED
15 DEC -8 AM 4:16
FROM: ACT. STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Evergreen Healthcare Consulting and Management, 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 ☐ \$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: Angela Ross

Name (Printed or typed)

5562 North Ocean Blvd.

Address

Ocean Ridge Fl 33435

City, State & Zip

561.317.3772

Daytime Telephone number

angelar5562@gmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Evergreen Healthcare Consulting and Management, Inc.

18 DEC -8 AM 4:16

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT

5562 North Ocean Blvd.

Ocean Ridge FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Ross President and Director

Name and Title:

Address

5562 North Ocean Blvd.

Address:

Ocean Ridge FL 33435

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: Angela Ross
Address: 5562 North Ocean Blvd.
Ocean Ridge FL 33435

ARTICLE VII INCORPORATOR

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

Name: Angela Ross
Address: 5562 North Ocean Blvd.
Ocean Ridge FL 33435

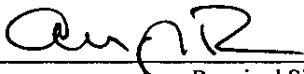
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

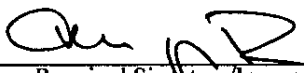
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 12/3/2015
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.

 _____ 12/3/2015
Required Signature/Incorporator Date