

P16000004114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

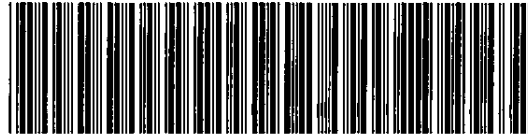
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~WIS-81698~~
~~WIS-79158~~

Office Use Only



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11/30/15--01012--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 12 PM 2:10

APPROVED
AND
FILED

141

COVER LETTER

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

SUBJECT: DATA HEALTH ADVISORS
(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: L M SHORES
Name (Printed or typed)

3830 S HWY A1A #4-127
Address

MELBORNE BEACH, FL 32951
City, State & Zip

321 - 821 - 4334
Daytime Telephone number

MICHELLE SHORES2.0@GMAIL.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

December 21, 2015

LM SHORES
3830 S HWY A1A #4-127
MELBOURNE BEACH, FL 32951

SUBJECT: DATA HEALTH ADVISORS CORPORATION
Ref. Number: W15000081698

We have received your document for DATA HEALTH ADVISORS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please list the complete name of the Registered Agent.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00026702

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: DATA HEALTH ADVISORS ~~INC~~ CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3830 S Hwy A1A #4-127
MELBOURNE BEACH, FL 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INFORMATION BUSINESS

SYSTEM ADVISORY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LM SHOLES - ~~Principal~~ *CHIEF EXECUTIVE OFFICER

Address: 3830 SHWY A1A #4127
MELBOURNE BEACH, FL
32951

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 JAN 12 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

APPROVED
AND
FILED

16 JAN 12 PM 2:10

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

* LM SHORES
Name: 3830 S HWY A1A #4-127
Address: MELBORNE BEACH, FL
32951

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LM SHORES
Address: 3830 S HWY A1A #4-127
MELBORNE BEACH, FL 32951


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN. 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

 _____ Required Signature/Registered Agent	<u>11/19/15</u> _____ Date
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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	<u>11/19/15</u> _____ Date
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