

P16000017095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

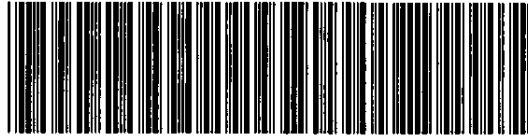
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 FEB 16 PM 3:05  
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16 FEB 16 PM 3:05

gf 2/24/16

COVER LETTER

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

SUBJECT: WarriorOne Healthcare Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
(S - Corporation)

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: Deepak Ahya  
Name (Printed or typed)

11466 Hibbs Grove Dr.  
Address

Cooper City, FL 33330  
City, State & Zip

(954) 303-7163  
Daytime Telephone number

deepak.ahya@gmail.com  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 16 PM 3:05

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

EFFECTIVE DATE 02/09/16

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: WarriorOne Healthcare Inc. 16 FEB 16 PM 3:05

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11466 Hibbs Grove Dr.  
Cooper City, FL 33330

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deepak Ahya, CEO Name and Title: \_\_\_\_\_

Address: 11466 Hibbs Grove Dr. Address: \_\_\_\_\_

Cooper City, FL 33330

Name and Title: Andrew Neeb, Director Name and Title: \_\_\_\_\_

Address: ~~1155 10th Creek Terrace #208~~ Address: \_\_\_\_\_

Lakewood Ranch, FL 34211

Name and Title: Chris Storace, Director Name and Title: \_\_\_\_\_

Address: 2608 Brooker Trace Lane Address: \_\_\_\_\_

Valrico, FL 33596

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: Deepak Ahya  
Address: 11466 Hibbs Grove Dr.  
Cooper City, FL 33330

**ARTICLE VII INCORPORATOR**

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

Name: Deepak Ahya  
Address: 11466 Hibbs Grove Dr.  
Cooper City, FL 33330

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16 FEB 16 PM 3:05  
REGISTERED AGENT  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/9/2016 (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

2/9/16  
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

2/9/16  
Date