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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 : WILSON TAX & ACCOUNTING INC.  
Account Number : I20150000107  
Phone : (941) 625-1925  
Fax Number : (941) 625-1526

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

Email Address: Lindsay@taxsaversfl.net

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**NP Health Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

16 JUN 15 PM 10:19

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Corporate Filing Menu

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**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: NP Health Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2768 Mill Creek Rd

Port Charlotte, FL 33953

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Fede

Address: 2768 Mill Creek Rd

Port Charlotte, FL 33953

Name and Title: Michelle Fede

Address: 2768 Mill Creek Rd

Port Charlotte, FL 33953

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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16 JUN 15 PM 10:19  
SWEETAVAGE, LINDSAY  
PORT CHARLOTTE, FL 33953

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: Michelle Fede  
Address: 2768 Mill Creek Rd  
Port Charlotte, FL 33953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle Fede  
Address: 2768 Mill Creek Rd  
Port Charlotte, FL 33953

**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*

Michelle C Fede  
Required Signature/Registered Agent

6/13/16  
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.*

Michelle C Fede  
Required Signature/Incorporator

6/13/16  
Date