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TALLAHASSEE, FLORIDA

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17 JAN 17 AM 11:30

C. GOLDEN

JAN 17 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 466097 7972556

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 13, 2017

ORDER TIME : 10:28 AM

ORDER NO. : 466097-015

CUSTOMER NO: 7972556

DOMESTIC FILING

NAME: PROMISE HOSPITAL OF MURRAY,
INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Promise Hospital of Murray, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____

 Name (Printed or typed)

 999 Yamato Road, Suite 300

 Address

 Boca Raton, FL 33431

 City, State & Zip

 (561) 869-3100

 Daytime Telephone number

 david.armstrong@promisehealthcare.com copy to faye.dunne@promisehealthcare.com

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

SECRETARY OF THE
TALLAHASSEE, FLORIDA

2017 Jan 17 PM 1:55

[illegible]

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2017 JAN 17 PM 1:56

ARTICLE I NAME

The name of the corporation shall be: Promise Hospital of Murray, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4252 Birkhill Boulevard

999 Yamato Road, Suite 300

Murray, Utah 84107

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General, all legally permissible. 10

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Baronoff, Director

Name and Title: David J. Armstrong, VP, Secretary

Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

Name and Title: Peter Baronoff, CEO

Name and Title: James Hopwood, VP, Treasurer

Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

Name and Title: Richard Gold, President

Name and Title:

Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: David J. Armstrong, Esq.
Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

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 days prior or 90 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

Corporation Service Company
By: M. Zender Melissa Zender
Required Signature/Registered Agent Asst. Vice President

1/17/17
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.

[Signature]
Required Signature/Incorporator

January 13, 2017
Date

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TALLAHASSEE, FLORIDA