

P17000030229

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI HEALTH CONSULTANTS, INC.

N. SAMS
APR 05 2017

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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3/30/17*

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April 3, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: MIAMI HEALTH CONSULTANTS, INC.
REF: W17000027892

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000088073
Letter Number: 317A00006309

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: Miami Health Consultants, 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
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: Stewart G. Lieblich, P.A.
Name (Printed or typed)

6705 Red Road, Suite 608
Address

Coral Gables, FL 33143
City, State & Zip

305-663-5313
Daytime Telephone number

stewartf1@sglpa.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 631, F.S. (FRODO)

ARTICLE I NAME

The name of the corporation shall be: Miami Health Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

270 W. 35th Street
Miami Beach, FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health Care Consulting and any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Marlene Rebinovich Fox</u> - President	Name and Title:	<u>Jeffrey Fox</u> - Vice President
Address:	<u>270 W. 35th Street</u> <u>Miami Beach, FL 33140</u>	Address:	<u>270 W. 35th Street</u> <u>Miami Beach, FL 33140</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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STATE OF FLORIDA
CORP. DIVISION

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: Marlene Rabinovich Fox
 Address: 270 W 35th Street
Miami Beach, FL 33140

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 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Marlene Rabinovich Fox
 Address: 270 W 35th Street
Miami Beach, FL 33140

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

 3/30/17
 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.217.135, F.S.

 3/30/17
 Required Signature/Incorporator Date