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17 MAY 21 AM 11:21

FILED

06/22/17

COVER LETTER

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

SUBJECT: Precision One Health, 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: Noah Ellis
Name (Printed or typed)

1525 SW 47th Terrace Apt 1131
Address

Gainesville, FL 32607
City, State & Zip

321-735-3490
Daytime Telephone number

Precisiononehealth@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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: Noah Ellis
Address: 1525 SW 47th Terrace Apt
1131 Gainesville FL 32607

ARTICLE VII INCORPORATOR

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

Name: Noah Ellis
Address: 1525 SW 47th Terrace Apt
1131 Gainesville FL 32607

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TALLAHASSEE FLORIDA

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

Noah Ellis 6/15/17
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.817.155, F.S.

Noah Ellis 6/15/17
Required Signature/Incorporator Date

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: Precision One Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

953 Quinn St SE Palm Bay FL
32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~Precision~~ Precision One Health, Inc. seeks to
provide a medium for pharmaceutical companies to advertise FDA approved
medications and acquire patients for available clinical trials at the point of care.
This service will be in the form of an application that is compatible with iOS and Android
devices. Alongside the advertised content information such as illness signs and symptoms, available
clinical trials, healthy living, relaxation resources, and interactive 3D anatomical models
to enhance understanding between patients and physicians.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noah Ellis President/CEO

Name and Title: _____

Address 1525 SW 47th Terrace

Address: _____

Apt 1131 Gainesville FL

32607

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____