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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sunhealth Therapeutics, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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NOV 9 2017

COVER LETTER

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

SUBJECT: Sunhealth Therapeutics, 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: Law Offices of Gold & Parado

Name (Printed or typed)

9200 South Dadeland Blvd, Suite 208

Address

Miami, FL 33156

City, State & Zip

305-667-0475

Daytime Telephone number

nancy@jurgoldlaw.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 621, F.S. (Profit)

17 NOV -8 PM 12:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Sunhealth Therapeutics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9200 South Dadeland Boulevard, Suite 208

Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is operating. This corporation will a holding company and for all other
legitimate business purposes

ARTICLE IV SHARES

The number of shares of stock is: 500 at \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miles Gilman, President

Name and Title: _____

Address 3769 Stewart Avenue

Address: _____

Coconut Grove, FL 33133

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Alan C. Gold
Address: 9200 South Dadeland Boulevard, Suite 208
Miami, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miles Gilman
Address: 3769 Stewart Avenue
Miami, FL 33133

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

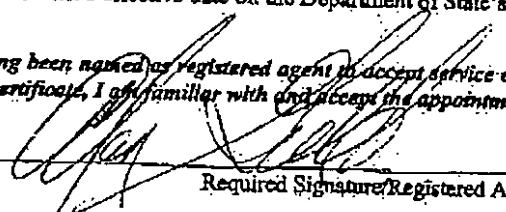
ARTICLE VIII EFFECTIVE DATE:

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

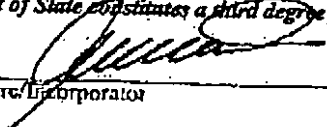


Required Signature/Registered Agent

November 7, 2017

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

11/7/17

Date