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TALLAHASSEE, FLORIDA

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MAR 06 2019

COVER LETTER

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

SUBJECT: Reset Healthcare Consulting, 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: Denise M. Brown
Name (Printed or typed)

3970 Mullenhurst Drive
Address

Palm Harbor, FL 34685
City, State & Zip

727-710-1701
Daytime Telephone number

dbrown@resethealthcare.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)

ARTICLE I NAME

The name of the corporation shall be: Reset Healthcare Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3970 Mullenhurst Drive
Palm Harbor, FL 34685

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: Denise H. Brown Principal Name and Title: _____

Address: 3970 Mullenhurst Drive Address: _____
Palm Harbor, FL 34685

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF CIRCUIT COURT
PALM HARBOR, FLORIDA

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: Denise M. Brown
Address: 3970 Mullenhurst Drive
Palm Harbor, FL 34685

ARTICLE VII INCORPORATOR

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

Name: Denise M. Brown
Address: 3970 Mullenhurst Drive
Palm Harbor, FL 34685

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STATE OF FLORIDA
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

Denise M. Brown 2/25/2019
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.

Denise M. Brown 2/25/2019
Required Signature/Incorporator Date