

# P190000820364

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

\*\*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**  
**D & M HEALTH SOLUTIONS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

B 3/12/19

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2019 MAR 11 AM 11:59  
TALAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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: D & M HEALTH SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

956 MARCH HARE CT

956 MARCH HARE CT

WINTER SPRINGS, FL 32708

WINTER SPRINGS, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARYANNE RUDIO-STERLING

Name and Title: \_\_\_\_\_

Address 956 MARCH HARE CT

Address: \_\_\_\_\_

WINTER SPRINGS, FL 32708

PRESIDENT (50 SHARES)

Name and Title: DAVID M. STERLING

Name and Title: \_\_\_\_\_

Address 956 MARCH HARE CT

Address: \_\_\_\_\_

WINTER SPRINGS, FL 32708

VICE-PRESIDENT (50 SHARES)

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2019 MAR 11 PM 12:08  
TALLAHASSEE

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: MARYANNE RUDIO-STERLING

Address: 956 MARCH HARE CT

WINTER SPRINGS, FL 32708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARYANNE RUDIO-STERLING

Address: 956 MARCH HARE CT

WINTER SPRINGS, FL 32708


**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.)

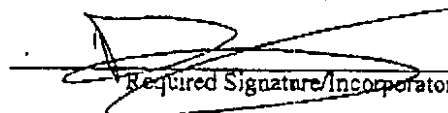
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-3-19  
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

3-3-19  
Date