

P19000030544

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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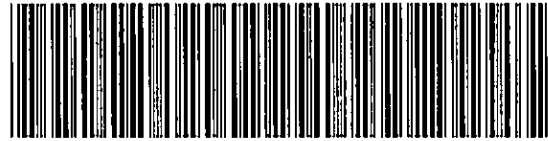
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2019

THEODORE B. ANDROS
7409 FAIRLINKS COURT
SARASOTA, FL 34243 US

SUBJECT: GEO HEALTH, INC
Ref. Number: W19000029726

changes have been made

We have received your document for GEO HEALTH, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
OPS

Letter Number: 019A00005929

2019-03-26 PM 1:09

COVER LETTER

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

SUBJECT: ~~GEOHEALTH, INC.~~ Geo Healthcare 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

Theodore

FROM: THEODOR B. ANDROS

Name (Printed or typed)

7409 FAIRLINKS COURT

Address

SARASOTA, FLORIDA 34243

City, State & Zip

941-928-8899

Daytime Telephone number

tyandros@gmail.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: GEO-HEALTH, INC. Geo Healthcare Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7409 FAIRLINKS COURT

SARASOTA, FLORIDA 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS

ACTIVITIES AUTHORIZED BY FLORIDA STATE STATUTES AND RELATED BUSINESS CORPORATION ACT.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THEODORE B. ANDROS; PRESIDENT

Name and Title: TIMOTHY C. LLOYD, VICE PRES.

Address 7409 FAIRLINKS COURT

Address: 4231 DEER ROAD

SARASOTA, FLORIDA 34243

ORLANDO, FLORIDA 32812

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: THEODORE B. ANDROS

Address: 7409 FAIRLINKS COURT

SARASOTA, FLORIDA 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THEODORE B. ANDROS

Address: 7409 FAIRLINKS COURT

SARASOTA, FLORIDA 34243

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 1, 2019. (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

Theodore B. Andros

Required Signature/Registered Agent

MARCH 1, 2019

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.

Theodore B. Andros

Required Signature/Incorporator

MARCH 1, 2019

Date