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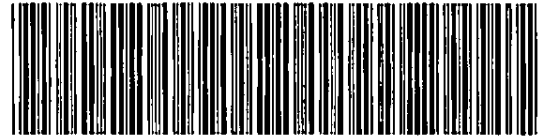
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 APR -4 AM 10:09

TD 4/6/19

COVER LETTER

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

SUBJECT: HITECH Compliance Associates, 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

FROM: Michael Duane McCoy

Name (Printed or typed)

3905 Tampa Road, Suite 213

Address

Oldsmar, Florida 34677

City, State & Zip

813-892-4411

Daytime Telephone number

mm@HipaaComplianceKit.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

HITECH Compliance Associates, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

406 Lakewood Drive

P.O. Box 213

Oldsmar, Florida 34677

Oldsmar, Florida 34677

ARTICLE III PURPOSE

HIPAA Consulting and Training for Covered Entities and Business
The purpose for which the corporation is organized is: _____
Associates. Performance of Risk Analysis and Risk Management Reports.

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ARTICLE IV SHARES

50,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Duane McCoy, Managing Partner

Name and Title: _____

Address 406 Lakewood Drive
Oldsmar, Florida 34677

Address: _____

Name and Title: Barbara Ann McCoy - Secretary

Name and Title: _____

Address 406 Lakewood Drive
Oldsmar, Florida 34677

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: Michael Duane McCoy
Address: 406 Lakewood Drive
Oldsmar, Florida 34677

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ARTICLE VII INCORPORATOR

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

Name: Michael Duane McCoy
Address: 406 Lakewood Drive
Oldsmar, Florida 34677

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 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

Michael D McCoy March 29, 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.

Michael D McCoy March 29, 2019
Date