

P190000070001

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

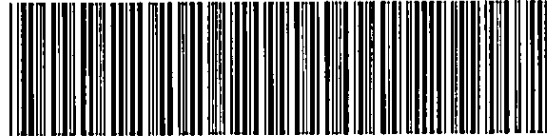
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SEP 13 2019



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09/12/19--01021--004 \*\*388.75

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19 SEP 12 AM 9:57

2019 SEP 12 PM 12:00

ALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 9/12/2019

**\*\*WALK IN\*\***

ENTITY NAME SUN COAST HEALING CHOICES CORP.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

*Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$78.75

CHECK # 6589

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

SUBJECT: Sun Coast Healing Choices Corp.

(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: Dolores Burton  
Name (Printed or typed)  
100 State Street  
Address  
Albany, NY 12207  
City, State & Zip  
Daytime Telephone number  
Patricia.O'Rourke@va.gov  
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: Sun Coast Healing Choices Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1439 SE 18th Terrace

Cape Coral, FL 33990

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide health and wellness services.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia Ann O'Rourke, President

Address 1439 SE 18th Terrace

Cape Coral, FL 33990

Name and Title: Patricia Ann O'Rourke, Director

Address: 1439 SE 18th Terrace

Cape Coral, FL 33990

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

FILED  
SEP 12 AM 9:27  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
MIAMI, 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: Patricia Ann O'Rourke  
Address: 1439 SE 18th Terrace  
Cape Coral, FL 33990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Ann O'Rourke  
Address: 1439 SE 18th Terrace  
Cape Coral, FL 33990

**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*

/s/ Patricia Ann O'Rourke

Required Signature/Registered Agent

9-11-19

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.*

/s/ Patricia Ann O'Rourke

Required Signature/Incorporator

9-11-19

Date

FILED  
SEP 12 AM 9:27  
11 2019