

P19000077564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

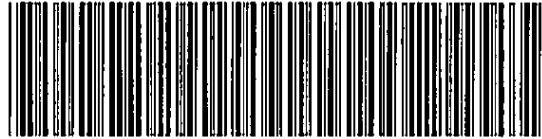
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
OCT 16 2019



200335824442

07/05/19--01021--029 **105.00

FILED
19 SEP 27 PM 2:45
SECRETARY
TALLAHASSEE

September 27, 2019

To Whom It May Concern:
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

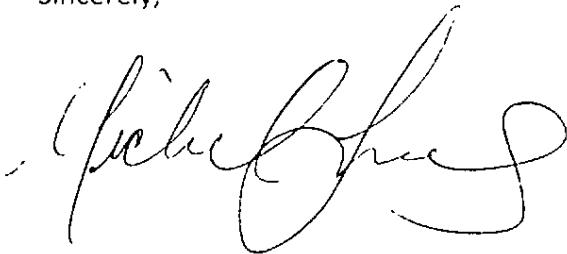
Dear Matthew Moon,

I am the owner of Healthcare One, LLC which has been administratively dissolved. I am writing to inform you that I have no intentions on revoking the dissolution for Healthcare One, LLC. What I would like to do instead is submit a filing for a new corporation using the same name which will be Healthcare One Corporation. I have already mailed in a payment for \$105.00 but the filing was rejected because I was trying to convert the LLC to the Corporation after the LLC had already been dissolved. The total of \$87.50 is what I should be charged to complete this process and the remaining balance from what I have paid before should be refunded to the following address:

2718 Flamingo Drive

Miramar, FL 33023

Sincerely,

A handwritten signature in black ink, appearing to read "Michael James", written in a cursive style.

Michael James

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

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

Healthcare One Corporation

SUBJECT: _____
(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

Michael James
FROM: _____
Name (Printed or typed)
3810 Inverrary Blvd. Suite 301

Address
Lauderhill, FL 33319

City, State & Zip
(954) 224-5030

Daytime Telephone number
info.gilded@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL 32314

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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 Healthcare One Corporation

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3810 Inverrary Blvd. Suite 301

Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES 10,000,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Michael James - President

Name and Title: _____ Name and Title: _____

2718 Flamingo Dr.

Address: _____ Address: _____

Miramar, FL 33023

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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:

Michael James

Name: _____

2718 Flamingo Dr.

Address: _____

Miramar, FL 33023

ARTICLE VII INCORPORATOR

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

Michael James

Name: _____

2718 Flamingo Dr.

Address: _____

Miramar, FL 33023

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TALLAHASSEE, FLORIDA

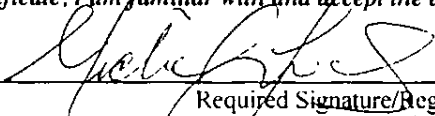
ARTICLE VIII EFFECTIVE DATE:

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

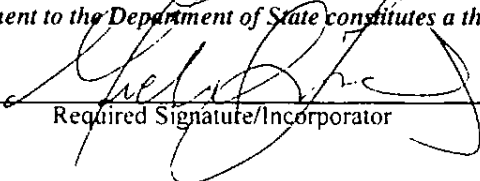


Required Signature/Registered Agent

09/27/2019

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.



Required Signature/Incorporator

09/27/2019

Date