

P200000013597

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB 14 AM 10:32

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2020 FEB 14 10:43

N CULLIGAN

FEB 17 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/14/2020

****WALK IN****

ENTITY NAME T & F HEALTH SERVICES INC.

DOCUMENT NUMBER _____

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

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

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

Certified Copy of Arts & Amendments

Certificate of Good Standing

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

ACCOUNT #: I20160000072

E R H

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2020 FEB 14 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: T & F Health Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17747 Lecil Lane

Dade City, FL 33523

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Dewayne Fields, Director

Name and Title: Timothy Dewayne Fields, Secretary

Address 17747 Lecil Lane

Address: 17747 Lecil Lane

Dade City, FL 33523

Dade City, FL 33523

Name and Title: Timothy Dewayne Fields, President

Name and Title: Timothy Dewayne Fields, Treasurer

Address 17747 Lecil Lane

Address: 17747 Lecil Lane

Dade City, FL 33523

Dade City, FL 33523

Name and Title: Timothy Dewayne Fields, Vice President

Name and Title:

Address 17747 Lecil Lane

Address:

Dade City, FL 33523

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: Timothy Dewayne Fields
 Address: 17747 Lecil Lane
 Dade City, FL 33523

2020 FEB 14 AM 10:32
 DEPARTMENT OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Ed Tsuji
 Address: 187 E. Warm Springs Rd., Ste. B
 Las Vegas, NV 89119

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

Tim Fields
 Required Signature/Registered Agent

02/13/2020
 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.

[Signature]
 Required Signature/Incorporator

02/13/2020
 Date