

P20000014862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

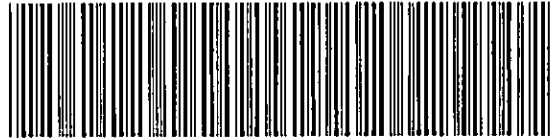
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2020 FEB 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2020
K Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 2/19/2020

PRIORITY Routine

OUR REF # (Order ID#) 809591

ORDER ENTITY
GOLDEN HEALTHCARE INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
GOLDEN HEALTHCARE INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized
Email address for annual report reminders: jim@weinbergp.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: GOLDEN HEALTHCARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

21000 NE 28TH AVENUE
AVENTURA, FL 33181

Mailing address, if different is:

21000 NE 28TH AVENUE
AVENTURA, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PRACTICE OF PHYSICAL THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW COOPER, DIR

Name and Title: _____

Address 13300 KEYSTONE TER.

Address: _____

MIAMI, FL 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SEP 11 2020
TALLAHASSEE, FLORIDA

2020 FEB 19 AM 10:23

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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: MATTHEW COOPER

Address: 13300 KEYSTONE TER.

MIAMI, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 90 STATE STREET, SUITE 815

ALBANY, NEW YORK 12207

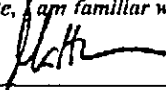
ARTICLE VIII EFFECTIVE DATE:

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

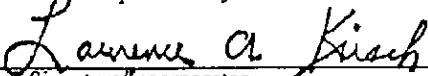


Required Signature/Registered Agent

02/19/2020

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.



Required Signature/Incorporator

02/19/2020

Date