

P2 0000084053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

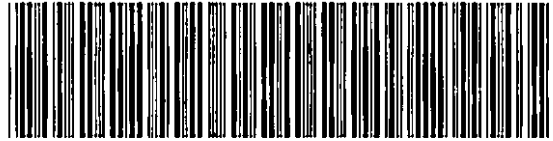
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
OCT 16 2020
FILING OFFICE

Derrick Thompson
10/28/2020

May 27, 2020

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

Re: A & S HEALTHCARE CONSULTANT INC

To whom it may concern:

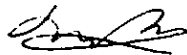
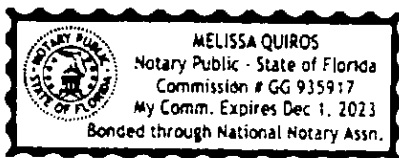
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



MARIA D CORCOBA NAVARRO



COVER LETTER

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

SUBJECT: A & S Healthcare Consultant 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: Maria E. Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave Suite 2010
Address

Miami Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariagueros9@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Maria D. Corcobu Navarro
Address: 995 S.W. 84 Ave Apt 414
Miami, Florida 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria D. Corcobu Navarro
Address: 995 S.W. 84 Ave Apt 414
Miami, Florida 33144

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/2020 (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

[Signature]
Required Signature/Registered Agent

9/1/2020
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

9/1/2020
Date

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: A & S Healthcare Consultant Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

995 S.W. 84 Ave Apt 414
Miami Florida 33144

9950 S.W. 117 Ave Suite 2010
Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal subjects.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria D. Corcoran Navarre, President Name and Title: _____

Address 995 S.W. 84 Ave Apt 414 Address: _____
Miami, Florida 33144

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____