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02/23/21 07:39AM PST TPBS Corp -> Florida Department of Stat 18506176381 Pg 2/4

2/23/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gahhealthgroup@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
HEALTHPOINTE CORP

Certificate of Status	1
Certified Copy	0
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FLORIDA DEPARTMENT OF  
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BUREAU OF COMMERCIAL  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: HEALTHPOINTE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

640 Belvedere RD Suite 17

West Palm Beach, FL 33405

**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: 100

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

Name and Title: Virna Granados President

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

Address 640 Belvedere RD Suite 17

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

West Palm Beach, FL 33405

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Virna Granados  
Address: 640 Belvedere RD Suite 17  
West Palm Beach, FL 33405

**ARTICLE VII INCORPORATOR**

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

Name: Virna Granados  
Address: 640 Belvedere RD Suite 17  
West Palm Beach, FL 33405

**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*

<u>Virna Granados</u>	<u>02/22/2021</u>
Required Signature/Registered Agent	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.*

<u>Virna Granados</u>	<u>02/22/2021</u>
Required Signature/Incorporator	Date

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