# Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email /	Address:			
rmall i	BOOLESS:			

# FLORIDA PROFIT/NON PROFIT CORPORATION CHS CHARLOTTE, INC.

Certificate of Status	0
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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### 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: <u>CHS CHARLOTTE, INC.</u>	<u>.</u>
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
1385 BROADWAY, STE. 1005	
NEW YORK, NY 10018	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To provide person	anel staffing services.
	•
·	•
ARTICLE IV SHARES	
The number of shares of stock is 200 SHARES NO PAR VALUE	
	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
	ETPA BS/
Name and Title: MAYER GOLDBERGER, PRESIDENT and SECRI	EIAKI C.
Address 1385 BROADWAY, STE. 1005	
NEW YORK, NY 10018	
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	2
Name and Title:	
Address	
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•	
Name and Title:	
CHANGE LINE	•
Address	

Fax: (850) 617-6381

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### ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent i

Name:

Registered Agents Inc.

Address:

7901 4th Street N., Suite 300

To:

St. Petersburg, FL 33702

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

JAMES MATTEOTTI

Address: 180 PHILLIPS HILL RD.,

STE. 3A, NEW CITY, NY 10956

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filin;

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

1/24/2002

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in t to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Required Signature/Incorporator

Date