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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

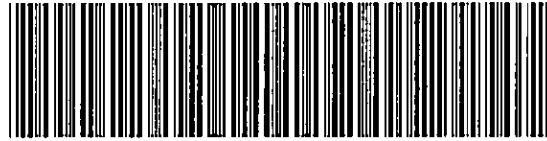
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D. O'KEEFE

SEP - 7 2022

COVER LETTER

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

SUBJECT: SHARP HEALTHCARE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MELISSA MAE BICKETT
Name (Printed or typed)

310 MASTIC LAKE
Address

TALLAHASSEE FL 32310
City, State & Zip

850-414-0359
Daytime Telephone number

See1966@protonmail.com
E-mail address: (to be used for future annual report notification)

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

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: SHARP HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
310 MASTIC LANE
TALLAHASSEE FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH CARE SERVICES,
MEDICAL TRANSPORTATION AND JOB PLACEMENT

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELISSA BICKETT Name and Title: DIRECTOR

Address 310 MASTIC LANE Address: _____
TALLAHASSEE FL
32310

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2022 SEP -7 AM 11:51
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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: MELISSA BICKETT
Address: 310 MASTIC LANE
TALLAHASSEE FL 32310

FILED
2022 SEP - 7 AM 11:52
CLERK, DEPARTMENT OF STATE
TALLAHASSEE, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELISSA BICKETT
Address: 310 MASTIC LANE
TALLAHASSEE FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09-07-2022 (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

MBickett

Required Signature/Registered Agent

09-07-2022

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.

MBickett

Required Signature/Incorporator

09-07-2022

Date