

P2200043686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

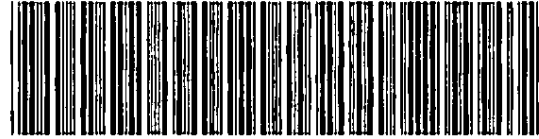
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10-10-2022 10:10:10 10:10:10

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2022 OCT 31 PM 7:44
Filing Office

COVER LETTER

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

SUBJECT: David Feffer Healthcare Consulting Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From:

David Feffer
Name (printed or typed)
8433 Gardens Circle apt 1
Address
Sarasota, Florida 34243
City, State & Zip
860-460-7770
Daytime Telephone Number
fefferdavid1948@gmail.com
E-mail address: (to be used for future annual report notification)

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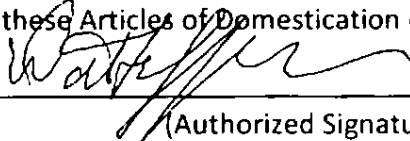
Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, David Feffer Secretary
(Name) (Title)

of David Feffer Healthcare Consulting Inc. a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. Then name of the domesticating corporation is David Feffer Healthcare Consulting Inc.
(Foreign Corporation)
2. The jurisdiction and date of its formation is State of Montana, 3-5-2021
3. The name of the domesticated corporation is David Feffer Healthcare Consulting Inc.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

David Feffer Healthcare Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

8433 Gardens Circle apt. 1 8433 Gardens Circle apt. 1
Sarasota, Florida 34243 Sarasota, Florida 34243

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide healthcare consulting services.

ARTICLE IV SHARES

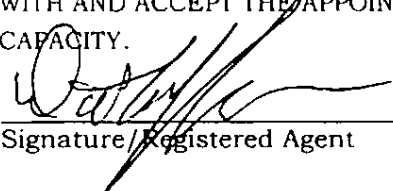
THE NUMBER OF SHARES OF STOCK IS: 100,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

David Feffer
8433 Gardens Circle apt 1
Sarasota, Florida 34243

HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

10-28-2022
Date

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ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Judith Feffer President & Treasurer Name & Title: _____

Address: 8433 Gardens Circle, apt. 1 Address: _____

Sarasota, Florida

34243

Name & Title: David Feffer - Secretary Name & Title: _____

Address: 8433 Gardens Circle apt. 1 Address: _____

Sarasota, Florida

34243

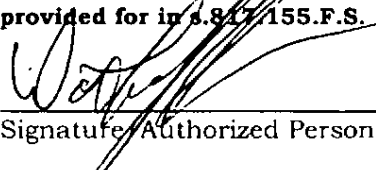
Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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/ Authorized Person

10-28-2022
Date

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