P22000 84550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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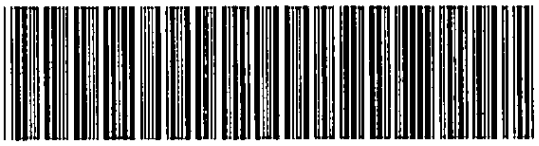

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: HEALTHTEK CORPORATION

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

From: PATRINA L. SCURLOCK

Name (printed or typed)

8240 CLEARY BLVD. #2415

Address

PLANTATION, FL 33324

City, State & Zip

(313) 350-1082

Daytime Telephone Number

PATRINASCURLOCK@SBCGLOBAL.NET

E-mail address: (to be used for future annual report notification)

INHS53 (3/20)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, PATRINA L. SCURLOCK (Name), PRESIDENT (Title) of HEALTHTEK CORPORATION, a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. Then name of the domesticating corporation is HEALTHTEK CORPORATION (Foreign Corporation).
2. The jurisdiction and date of its formation is MICHIGAN 08/22/2008
3. The name of the domesticated corporation is HEALTHTEK CORPORATION.
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.

Patrina Scurlock

(Authorized Signature)

SIGN HERE

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HEALTHTEK CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
8240 CLEARY BLVD.	8240 CLEARY BLVD.
#2415	#2415
PLANTATION, FL 33324	PLANTATION, FL 33324

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY AND ALL LAWFUL PURPOSE.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

PATRINA L. SCURLOCK

8240 CLEARY BLVD. #2415

PLANTATION, FL 33324

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.

PATRINA L. SCURLOCK SIGN HERE 10/20/2022

Signature/Registered Agent Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: PATRINA L. SCURLOCK - PRESIDENT

Address: 8240 CLEARY BLVD.
#2415
PLANTATION, FL 33324

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

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.

SIGN HERE

10/2n/2012