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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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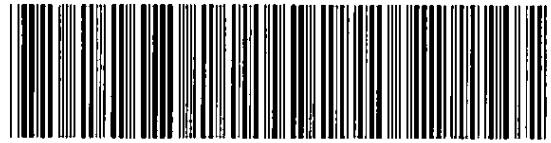
(Business Entity Name)

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COVER LETTER

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

SUBJECT: DOM Cali to Florida CHS

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: Erika Hoffman w/ Champion Health Services, Inc.

Name (printed or typed)

1775 SW Gaitlin Blvd # 203

Address

Port St. Lucie FL 34953

City, State & Zip

(562) 449-8780

Daytime Telephone Number

erika.hoffman@champion-rx.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Erika Hoffman, CEO
(Name) (Title)

of Champion Health Services 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 Champion Health
Services Inc. (Foreign Corporation)
2. The jurisdiction and date of its formation is St. Lucie County, June 1st 2024
3. The name of the domesticated corporation is Champion Health
Services 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.

Erika M. Hoffman
(Authorized Signature)

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Erika Hoffman, CEO/COO Name & Title: _____

Address: 1881 SW Diamond St. Address: _____

Port St. Lucie, FL
34953

Name & Title: Monica Hoffman, CFO Name & Title: _____

Address: 12884 SW Gingerline Dr. Address: _____

Port St. Lucie, FL
34987

Name & Title: Eric Parent, President Name & Title: _____

Address: 17162 Harbor Bluffs Cir #B Address: _____

Huntington Beach, CA
92649

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.

Erika M. Hoffman
Signature/Authorized Person

5-21-2024
Date

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Champion Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

1775 SW Gaitlin Blvd #203

1775 SW Gaitlin Blvd #203

Port St. Lucie, FL 34953

Port St. Lucie, FL 34953

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Drug Wholesale for Physician Offices

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Monica Hoffman

1775 SW Gaitlin Blvd #203

Port St. Lucie, FL 34953

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.

Emilia Hoffman

Signature/Registered Agent

5-21-2024

Date