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Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Enclosed please find two (2) copies of the Articles of Incorporation for Nash Summers with a check to cover the Filing Fee and Designation of Registered Agent.

• • •

Thank you,

Shalon Klapp

Sharon Kraft ABC BOOKKEEPING SERVICE

Please return all paperwork to:

ABC Bookkeeping 6800 Cody V.t. J Hallywood, Sl. 33024

Thank you for your cooperation

400001832614 -05/21/96--01111--017 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 29, 1996

ABC BOOKKEEPING 6800 CODY GT HOLLYWOOD, FL 33024

## SUBJECT: NASH SUMMERS DBA HEALTH FOCUS INC Ref. Number: W96000011294

We have received your document for NASH SUMMERS DBA HEALTH FOCUS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE USE OF THE DBA IN THE NAME OF THE CORPORATION IS NOT PERMITTED. A FICTITIOUS NAME APPLICATION SHOULD BE FILED FOR THE USE OF IT.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 896A00026659

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SEGAETARY OF STATE TALLAHASSEE FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE 1 - NAME

The name of the corporation shall be:

Nach Summers

Inc

The principal place of business of this Corporation shall be:

2269 S University Dr Suite 335 Davie F1 33324

## ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory or Nation.

## ARTICLE III - CAPITAL STOCK

The aggregate number of share of stock and its par value that this corporation is authorized to have outstanding at one time is 500 Share \$1.00 par value.

## ARTICLE IV - TERMS OF EXISTENCE

LV.

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This corporation shall exist perpet

# ARTICLE V - OFFICERS AND DIRECTORS

The name(s) and street address(s) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) clocted, is (are):

# PRESIDENT & VICE PRESIDENT

SECRETARY & TREASURER

Tyrone Goshine 8991 SW 6 Court Plantation F1 33324

Jacqueline Ann Goshine 8991 SW 6 Court Plantation F1 33324

## ARTICEL VI - INCORPORATIORS

The name(s) and address(es) of the incorporator(s) to these articles of incorporation is (are):

Tyrone Goshine 8991 SW 6 Court Plantation Fl 33324

Jacqueline Ann Goshine 8991 SW 6 Court Plantation Fl 33324 In witness whereof, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this  $\frac{14}{14}$  day of <u>Many</u>

# Signature of incorporator(a)

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STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged and sworn to before me this 14 day of Man 1996.

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SHARCH KINGT My Comm Exp. 12/07/97 Bonded By Sarvice ins No. OC330771 Manuar Ins. (Satura 6

SHARON KRAF 19.00 12

NOTARY PUBLIC

## CERTIFICATE OF DEBIGNATING REGISTERED AGMNT/REGISTERED OFFICE ...

Pursuant to the provisions of Section 607.325 Florida Statutes the undersigned corporation, organized under the laws of the State of Firoida, submits the following statement in designation the registered office/registered agent, the State of Florida.

1. The name of the corporation is:

Nash Summers DBA Health Focus Inc

The name and address of the registored agent and office 2. ior

Sharon Kraft

6800 Cody St Hollywood F1 33024

Signature

corporate officer

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Title Date

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Florida Statutes.

Signature thaton the registered agen

Date