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Office Use Only

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# TRANSMITTAL LETTER

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

SUBJECT: HEA	LTHLINKS VENTURES, IN	<b>C.</b>	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:		OLUWOLE ALLE (Printed or typed)	
		V 88TH COURT	
-		LORIDA.33018 State & Zip	
-		10 OR 305 298-1251	<del>-</del>

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 30, 2004

EMMANSON OLUWOLE ALLE 19170 NW 88TH CT. MIAMI, FL 33018

SUBJECT: HEALTH-LINKS INCORPORATED

Ref. Number: W04000016782

We have received your document for HEALTH-LINKS INCORPORATED 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 245-6878.

Alan Crum Document Specialist New Filings Section

Letter Number: 104A00029572

## 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: Healthlinks Ventures, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 19170 NW 88th Court Miami, Florida.33018

#### ARTICLE III \_ PURPOSE

The purpose for which the corporation is organized is: Provision of Healthcare related services

#### ARTICLE IV \_ SHARES

The number of shares of stock is: 1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Emmanson Oluwole Alle, Director & CEO Margaret Abike Alle, Director & CFO

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Emmanson Oluwole Alle 19170 NW 88th Court Miami, Florida. 33018

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Emmanson Oluwole Alle 19170 NW 88th Court Miami, Florida.33018

Having been named as registered agent to accept service of process for th	e above stated corporation at the place designated in th
certificate, I am familiar will and accept the appointment as registered age	nt and agree to act in this capacity
Comodle.	May 6th, 2004
Signature/Registered Agent	Date
- ComoAlle.	May 6th, 2004
Signature/Incorporator	Date

OLMAY 10 PILIZ: 19