## PO 6000090573

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06 JUL -7 PM 2: 56
SECRETARY OF STATE

Johnson JUL 11 2006

## TRANSMITTAL LETTER

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

...

SUBJECT:	Domestication	<del>-2/2-</del>	CO ZPOZA	voic_
Enclosed is an original and one	(1) copy of the Certificat	e of Domes	tication and a cl	neck for:
FEES:				
Certificate of Domestic Articles of Incorporation Total to domesticate an	on and Certified Copy	\$50.00 <u>\$78.75</u> \$128.75		<b>06</b> SE TALI
OPTIONAL:		• • •	-	FIL 06 JUL -7 SECRETAR ALLAHASS
Certificate of Status	·	\$ 8.75		ILED 17 PH 2: 18Y OF STA
FROM:	SUNIR AGE	NBY typed)	MD.	56 TATE DRIDA
<u>3050</u>	Wentubrth	Way		***************************************
Tang	on Springs City, State & 2	FL.	34688	
(72	7) 934 - 87 Daytime Telephone	Number	Cell (21	102) 705 29 les

## · CERTIFICATE OF DOMESTICATION

Th	The undersigned, MOUNIZ Agailby MD, (Name)	President.
of	of Agaibys & Associates Inc.  (Name)  (Organization Name)	
in	in accordance with s. 607.1801, Florida Statutes, does hereby certify:	
1.	1. The date on which corporation was first formed was	y 151, 1996
2.	1/m	orporated, or otherwise
3.	3. The name of the corporation immediately prior to the filing of this Certific was Agaiby's & Associates Inc.	
4.	4. The name of the corporation, as set forth in its articles of incorporation, to s. 607.0202 and 607.0401 with this certificate is	be filed pursuant to
5.	5. The jurisdiction that constituted the seat, siege social, or principal place of administration of the corporation, or any other equivalent jurisdiction under immediately before the filing of the Certificate of Domestication was	er applicable law,
	<ol> <li>Attached are Florida articles of incorporation to complete the domesticatio to s. 607.1801.</li> </ol>	on requirements pursuant
l ar	I am Mounia Agaily, of Agaily & Associates I	NC AHE
	and am authorized to sign this Certificate of Domestication on behalf of the co	
	(Authorized Signature)	: <b>56</b> TATE ORIDA
	Filing Fee:  Certificate of Domestication \$50  Articles of Incorporation and Certified Copy \$78  Total to domesticate and file \$128	<u>.75</u>

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE: Agaiby's G	and Associates, INC.
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 3050 Went Worth Way Tayon Joungs	Flo2ida 34688
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  Serving as needed in	n medical feild
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:  1000	O6 JU SECR TALLA
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:  MOUNIR AGAILY PRESIDENT	FILED JUL-7 PH 2:56 ECRETARY OF STATI LLAHASSEE, FLURII
ARTICLE VI INITIAL REGISTERED AGENT AND STREET THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE	HE REGISTERED AGENT IS:
MOUNIR AGAIBY 3050 Wentworth Taipon Springs	Way 34688
THE NAME AND ADDRESS OF THE INCORPORATOR IS: MOUNIR AGA  3050 Wentwork  Tayon Springs	7189 4 Way -e. 134688
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN	c, I am familiar with and n this capacity.
Signature/Registered Agent  X Signature/Incorporator	5/31/06 Date 5/31/06 Date