

TRANSMITTAL LETTER

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

SUBJECT: North American Health Alliance Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUPPLY)

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee Certified & Certified Status PY REQUI	e, Copy cate of
FROM:	Name (Pi	inted or typed) Address		00 JUN -5 PM SECRETARY OF TALLAHASSEE, I
	Hollywood f. Gity, 954-450-	-14 3302 State & Zip -8192	<u>6</u>	STATE FLORIDA

Daytime Telephone number

ARTICLE I NAME The name of the corporation shall be:
North American Health Alliance Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
Hollywood, F/A 33026 (Broward County)
The purpose for which the corporation is organized is:
Health Insurance
ARTICLE IV SHARES The number of shares of stock is:
APTICLE II DUTAL OPEROPE (PP
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Charles Zalis
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: A
The <u>name and Florida street address</u> of the registered agent is: 3603 Bridge Rd Charles Zal. S
Hollywood, PIA 33026 (Broward County)
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Charles Zalis 3603 Bridge Rd
110114.44.000, F.A. 33026. (BDWard. County)
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated. I am familiar with and accept the appointment as registered agent and agree to act in this capacity
JAN 1/100 5/31/00
Signature/Registered Agent Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)