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TRANSMITTAL LETTER

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

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-11/02/01--01019--006
*****87.50 *****87.50

SUBJECT: A. WALKER CARE Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☒ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: EDITH DAVIS
Name (Printed or typed)

6827 N.W. 15th Ave.
Address

Miami, Fla. 33147
City, State & Zip

305-696-4400
Daytime Telephone number

FILED
01 NOV -2 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11-5-01

ARTICLES OF INCORPORATION

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

FILED
01 NOV -2 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

A. WALKER CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6827 N.W. 15th Ave. MIAMI, FLA. 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activity for which corporations may be organized under the General Corporation law of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

EDITH DAVIS, M.D. (PRESIDENT, DIRECTOR)
6827 N.W 15th AVE.
MIAMI, FLA.

ARTICLE VI REGISTERED AGENT

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

EDITH DAVIS
6827 N.W. 15th AVE
MIAMI, FLA.

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

EDITH DAVIS
6827 N.W. 15th AVE.
MIAMI, FLA.

****

Having been named as registered agent 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

Edith Davis
Signature/Registered Agent

10/01/01
Date

Edith Davis
Signature/Incorporator

10/01/01
Date