

TRANSMITTAL LETTER

P020000080111

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

FILED
02 JUL 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AHI Group, 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: Monique Lee
Name (Printed or typed)

5531 SW 114th Ave. 500006553295--9
Address -07/22/02--01064--011
*****78.75 *****78.75

Cooper City, FL 33330
City, State & Zip

561-954-593-6627
Daytime Telephone number

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

SE
7/24

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:

AHI Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5531 SW 114th Ave
Cooper City, FL 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Savings

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Monique S. Lee
5531 SW 114th Ave
Cooper City, FL 33330

ARTICLE VI REGISTERED AGENT

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

Monique S. Lee
5531 SW 114th Ave
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monique S. Lee
5531 SW 114th Ave
Cooper City, FL 33330

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

Monique S. Lee
Signature/Registered Agent

7-17-02
Date

Monique S. Lee
Signature/Incorporator

7-17-02
Date

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