

PO3000012351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

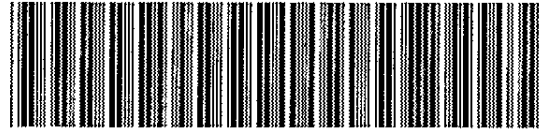
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/03--01068--016 **78.75

EFFECTIVE DATE
1-24-03

FILED
03 JAN 27 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: IMAN HEALTH 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: P + P ACCOUNTING
Name (Printed or typed)
1501 SW 16 AVENUE
Address
MIAMI FL 33145
City, State & Zip
305 - 448 - 0611
Daytime Telephone number

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

**ARTICLES OF INCORPORATION OF
IMAN HEALTH CARE, INC.**

FILED
03 JAN 27 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

NAME: The name of this corporation is: IMAN HEALTH CARE, INC.

ADDRESS: The address of this corporation is:
945 MERIDIAN AVENUE #8 MIAMI BEACH, FL 33139

ARTICLE II

COMMENCEMENT OF EXISTENCE: This corporation shall commence to exist on the date of the subscription of these Articles if filed within five (5) days with the Secretary of State.

RECEIVED
1-24-03

ARTICLE III

PURPOSE: This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

CAPITAL STOCK: This corporation is authorized to issue 300 shares of \$1.00 par value common stock, which shall be the only class of shares.

ARTICLE V

PRE-EMPTIVE RIGHTS: Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, or class of service as that which he /she already holds, shall have the right to purchase his/her pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT: The street address of the initial registered office of this corporation is: 945 MERIDIAN AVENUE #8 MIAMI BEACH, FL 33139

The name of the initial registered agent of the corporation at that address is:
PABLO DE LA CRUZ

ARTICLE VII

INITIAL BOARD OF DIRECTORS: This corporation shall have 1 director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) is/are:

NAME	ADDRESS	POSITION	PERCENT OF OWNERSHIP
PABLO DE LA CRUZ	945 MERIDIAN AVENUE #8 MIAMI BEACH, FL 33139	PRES./DIRECTOR	100.00

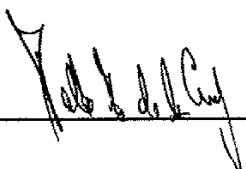
ARTICLE VIII

INCORPORATION: The name and address of the person signing these Articles of Incorporation is:
PABLO DE LA CRUZ

ARTICLE IX

INDEMNIFICATION: The corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.


IN WITNESS WHEREOF, the undersigned subscribed has executed these Articles of Incorporation this:
1/24/2003



STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared: PABLO DE LA CRUZ
to me known to be the person described as Subscriber in and who executed the foregoing Articles of
Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 1/24/2003



NOTARY PUBLIC
State of Florida at large

My commission expires:

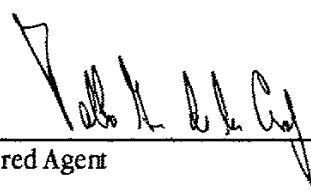


CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT ON WHOM PROCESS MAY BE MADE:

Pursuant to section 607.0501, Florida Statutes, the following is submitted in compliance with said Act:

First, that: IMAN HEALTH CARE, INC. desiring to organize under the laws of the State
of Florida, with its principal office, as indicated in the Articles of Incorporation in Miami Dade County, Florida,
has named: PABLO DE LA CRUZ, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at the place designated in this
Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to
keeping open said office.



Registered Agent

FILED
03 JAN 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA