

P03000022022

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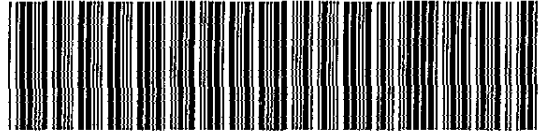
Special Instructions to Filing Officer:

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DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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F. 01-100-371 FEB 24

## TRANSMITTAL LETTER

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

SUBJECT: Allied Medical Health 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:

Emmanuel P. Inwang  
Name (Printed or typed)

140 West Palmer Ave Apt 6  
Address

Tallahassee, FL 32301  
City, State & Zip

850-566-9957  
Daytime Telephone number

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

**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:

Allied Medical Health Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

503 palm Beach Street + suite 224  
Tallahassee, FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Developmental services

**ARTICLE IV SHARES**

The number of shares of stock is:

2 1 share

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Emmanuel P. Inwang (President)

**ARTICLE VI REGISTERED AGENT**

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

Emmanuel P. Inwang  
140 West Palmer Ave Apt 6  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Emmanuel P. Inwang  
140 West Palmer Ave Apt 6  
Tallahassee, FL 32301

\*\*\*\*\*  
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

  
Signature/Registered Agent

2/24/03  
Date

  
Signature/Incorporator

2/24/03  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 FEB 24 PM 3:49