

P04000077557

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STATE  
SEC. OF  
TALLAH. FLORIDA

no 4-12637

04/06/13

## TRANSMITTAL LETTER

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

SUBJECT: HOPE MEDICAL CENTRE INTERNATIONAL, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: JOHN SPENCER C. ARCHININU  
Name (Printed or typed)

1509 SOUTH WICKHAM ROAD  
Address

WEST MELBOURNE, FLORIDA 32904  
City, State & Zip

(321) 952-4288  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 31, 2004

JOHNSPENCER C. ARCHINIHU  
1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL 32904

SUBJECT: HOPE MEDICAL CENTRE INTERNATIONAL, INC.  
Ref. Number: W04000012637

We have received your document for HOPE MEDICAL CENTRE INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 904A00021215

*Manyan will be  
registered agent  
& Director*

# 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:

HOPE MEDICAL CENTRE, INTERNATIONAL  
INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL. 32904

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

① JOHNSPENCER ARCHINIHU  
PRESIDENT AND CEO  
1346 HAMPTON PARK LANE  
MELBOURNE, FL 32940

② MARYAM MURBE  
COO  
1509 S. WICKHAM  
W. MELBOURNE  
FLORIDA 329

## ARTICLE VI REGISTERED AGENT

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

MARYAM MURBE  
1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL. 32904

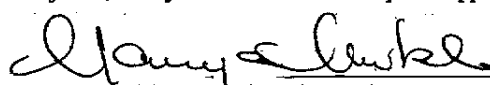
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

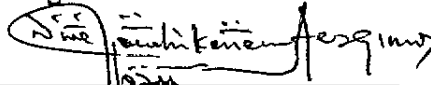
JOHNSPENCER C. ARCHINIHU  
1346 HAMPTON PARK LANE,  
MELBOURNE, FL 32940

\*\*\*\*\*

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



Signature/Incorporator

3/15/04

Date

3/15/04

Date

FILED  
04 MAY 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA