

P04000106964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

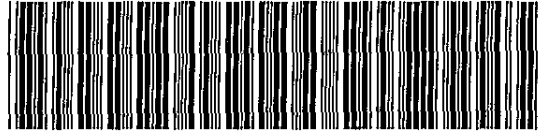
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800039053308

07/20/04--01047--008 \*\*78.75

FILED

04 JUL 20 AM 11:36

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

RECEIVED

04 JUL 20 PM 10:46

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07/20/04

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A J F MEDICAL SERVICE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy.  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

AJF Medical Service, Inc.

FILED  
04 JUL 20 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

19803 NW 49 PL  
Miami FL 33055.

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yoneisy Fernandez  
19803 NW 49 PL  
Miami FL 33055

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Yuneisy Fernández  
19803 NW 49 PL  
Miami FL 33055

The undersigned incorporator has executed these Articles of Incorporation this 19 day of July 2004

Yuneisy Fernández  
Signature

FILED  
04 JUL 20 AM 11:36  
CLERK OF COURT  
TALLAHASSEE, FL

**ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Yuneisy Fernández - President  
19803 NW 49 PL  
Miami FL 33014

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Yuneisy Fernández  
Registered Agent Signature