

P04000 115850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

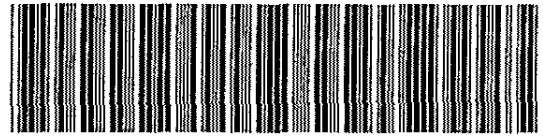
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2004 AUG - 9 P 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

TRANSMITTAL LETTER

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

SUBJECT: MAYA HEALTHCARE INTERNATIONAL IA
(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
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: SCOTT SEBAL
Name (Printed or typed)

1065 NE 125 St. #403

Address

N MIAMI FL 33161

City, State & Zip

305-891-0050

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: **MAYA HEALTHCARE INTERNATIONAL, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **1065 NE 125TH STREET
SUITE 403
NORTH MIAMI, FL 33161**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **HEALTHCARE SERVICES.**

ARTICLE IV SHARES

The number of shares of stock is: **100,000 SERIES A PREFERRED SHARES**

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**SCOTT D. SEGAL, SECY
1065 NE 125 ST #403
N MIAMI FL 33161**
**MR. SAHIL ALYI, TREASURER
1111 BRICKELL BAY DR. #908
MIAMI, FL 33131**
**DR. SOHAIL PUNJWANI, PRESIDENT
6121 LA GORCE DRIVE
MIAMI BEACH, FL 33140**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **SCOTT D. SEGAL
1065 NE 125 ST #403
N MIAMI FL 33161**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **SCOTT D. SEGAL
1065 NE 125 ST #403
N MIAMI FL 33161**

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

8/5/04

Date



Signature/Incorporator

8/5/04

Date