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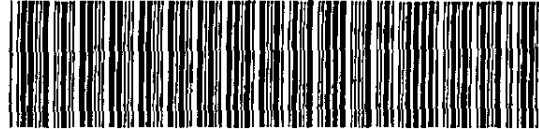
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

Subject:

A PRESIDENTIAL HEALTH CARE, INC

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

☐ \$70.00 ☒ ~~\$78.75~~ ☐ \$122.50 ☐ \$131.25

FROM:

Moses Ojogiri  
2668 N.W 60<sup>th</sup> Way  
Sunrise, FL 33313

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

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TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATIONS**

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:

**A PRESIDENTIAL HEALTH CARE, INC**

### **ARTICLE II                      PRINCIPAL OFFICE**

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

**Moses Ojogiri  
2668 N.W 60<sup>th</sup> Way  
Sunrise, Fl 33313**

### **ARTICLE III SHARES**

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

One thousand (1000) shares of common stock having a par value of one dollar (\$1) each.

### **ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS**

**Moses Ojogiri-President  
2668 N.W 60<sup>th</sup> Way  
Sunrise, Fl 33313**

STATE OF FLORIDA  
CLERK OF THE COURT  
JANUARY 10, 2010  
TALLAHASSEE, FLORIDA

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**ARTICLE V INITIAL REGISTERED AGENT AND  
STREET ADDRESS**

The name and address of the initial registered agent is:

**Moses Ojogiri  
2668 N.W 60<sup>th</sup> Way  
Sunrise, FL 33313**

**ARTICLE VI INCORPORATOR (S)**

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

**Moses Ojogiri  
2668 N.W 60<sup>th</sup> Way  
Sunrise, FL 33313**

The Undersigned incorporator(s) has (have) executed these Articles of incorporation this

*Moses Ojogiri*      12/24/04  
Signature

# CERTIFICATE OF DESIGNATED OF

PURSUANT TO THE PROVISION OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**A PRESIDENTIAL HEALTH CARE, INC**

2. The name and address of the registered agent and office is:

**Moses Ojogiri**  
**2668 N.W 60<sup>th</sup> Way**  
**Sunrise, Fl 33313**

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Moses Ogoin Date 12/24/04

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