

P05000075975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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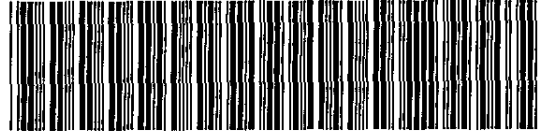
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: Allied Medical Health ~~Service~~ 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
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: Joseph Inwang
Name (Printed or typed)

520 South Dixie Hwy
Address

Hallandale Beach, Florida, 33004
City, State & Zip

(850) 264-7504 + (850) 322 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: Allied Medical Health Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: ~~520 Hallandale B~~
520 South Dixie Hwy, Hallandale Beach, FL 33009

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: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Emmanuel Inwang / Director
520 South Dixie Hwy, Hallandale Beach,
FL, 33009
Joseph Inwang / Director
520 South Dixie Hwy, Hallandale Beach
FL, 33009

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph Inwang
520 South Dixie Hwy, Hallandale Beach, FL, 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Inwang
520 South Dixie Hwy, Hallandale Beach, FL, 33009

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

5/24/05

Date

5/24/05

Date