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# **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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MIAMI, FL 33165 (305) 552-597	73
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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):
1. AHKA MEDICAL CEN	VIER CORP.
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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4. (Corporation Name)	(Document #)
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	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
- Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other Other
CR2E031(7/97)	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:

AHKA MEDICAL CENTER COAP.

#### ARTICLE II - PRINCIPAL OFFICE

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

8370 W Flacled St Suit 222 mami F1 33144

### **ARTICLE III - SHARES**

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Othon WILTZ 16349 SW 7651 miami F1 33193



#### ARTICLE V - INCORPORATOR

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

Othon WILTZ, 16340 3W 765t mami FL 33193

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

Othon WILTZ (P)

# 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.

Registered Agent Signature