

P09800011980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

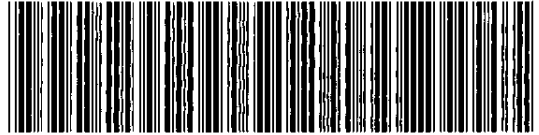
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB -5 P 1:48

FILED

2-6-09
cc

COVER LETTER

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

SUBJECT: AHP GROUP, 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: Carlos Alfaro

Name (Printed or typed)

13032 SW 133 Ct

Address

Miami, FL 33186

City, State & Zip

305 252 6889

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:

AHP GROUP, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

13032 SW 133 CT
Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution and Representation of Health Care Products

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carlos Alfaras
13032 SW 133Ct
Miami, FL 33186

ARTICLE VI REGISTERED AGENT

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

Carlos Alfaras
13032 SW 133Ct
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Alfaras
13032 SW 133Ct
Miami, FL 33186

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

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2009 FEB -5 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-30-09

Date

1-30-09

Date