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CORPORATE FILING SERVICE

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PORATION NAME(S) & DOCI	UMENT NUMBER(S), (if known):
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11041111	IN SERVICES, CORP
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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EW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
THER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other
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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:

AE HEALTH CARE SERVICES, CORP

ARTICLE II – PRINCIPAL OFFICE

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

2224 NE 136 STREET NORTH MIAMI Beach FL 33181

ARTICLE III - SHARES

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

100

TARY OF STATE

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alexander EDIES 2224 NE 136 STREET NORTH Miami Beach FL 33181

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Alexander Edies 2224 NE 136 Street North Miani Beach, F1 33181

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF	, 200
allered	, · · · · · · · · · · · · · · · · · · ·
SIGNĂTURE	

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Alexander Edies - President: 2224 NE 134 Street North Mizmi Beach, F1 33181

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

<u>OFFICE</u>

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