

P13000040564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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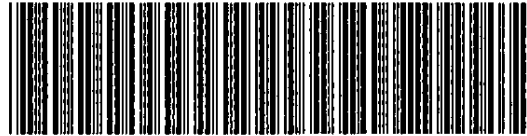
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/6/13

COVER LETTER

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

SUBJECT: OHL 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Paul Okunieff, MD

Name (Printed or typed)

4010 SW 93rd Drive

Address

Gainesville, Florida, 32608

City, State & Zip

352-665-0721

Daytime Telephone number

pokunieff@gmail.com

E-mail address: (to be used for future annual report notification)

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: OHL Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4010 SW 93rd Drive

Gainesville, Florida 32608

Mailing address ^{if different is:}

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TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide healthcare and oncology consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 20,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Okunieff, MD, Founding Member

Address: 4010 SW 93rd Drive
Gainesville, FL 32608

Name and Title: Chihray Liu, PhD, Founding Member

Address: 10715 NW 18th Court
Gainesville, FL 32606

Name and Title: Spencer Hoover, MBA

Address: 9321 NW 11th Place
Gainesville, FL 32606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(conti.)

Name and Title: _____ Name and Title: FILED
Address: _____ Address: 13 MAY -3 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

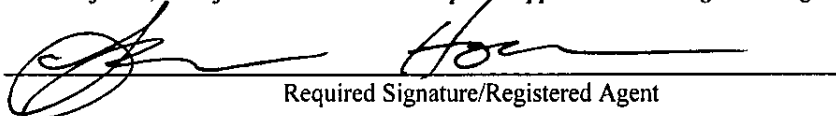
Name: Spencer Hoover
Address: 9321 NW 11th Place
Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Okunieff, MD
Address: 4010 SW 93rd Drive
Gainesville, FL 32608

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


Required Signature/Registered Agent

4/30/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

4/30/13
Date