

P14000027702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

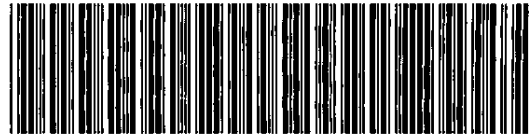
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/14--01003--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 25 AM 10:55

3/28/14

COVER LETTER

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

SUBJECT: American Wireless & Health 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: Obdulia Cuervo

Name (Printed or typed)

6190 West 19th Ave # 103

Address

Hialeah, FL 33012

City, State & Zip

(786) 389-7423

Daytime Telephone number

americanhealthwireless@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

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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:

American Wireless & Health Group, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6190 West 19th Ave # 103

Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation may engage or transact

in any or all lawful activities or business permitted under the Laws of United States of America, the State of Florida or any other state, country, territory or Nation.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares/value each \$ 0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Obdulia Cuervo, CEO

Name and Title: Manuel Fernandez Cuervo, VP

Address 6190 West 19th Ave

Address: 218 N Charles St Apt 1207

Apt 103

Baltimore, MD 21201

Hialeah, FL 33012

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Obdulia Cuervo

Address: 6190 West 19th Ave # 103

Hialeah, FL 33012

ARTICLE VII INCORPORATOR

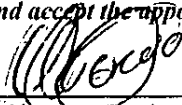
The name and address of the Incorporator is:

Name: Obdulia Cuervo

Address: 6190 West 19th Ave # 103

Hialeah, FL 33012

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

03/17/2014

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

03/17/2014

Date

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