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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
AJA HEALTH CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: AJA HEALTH CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
301 174TH ST. APT. 2303
SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:
301 174TH ST. APT. 2303
SUNNY ISLES BEACH, FL 33160

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLGA RATMANKSY, PRESIDENT Name and Title: _____
Address: 301 174TH ST. APT. 2303 Address: _____
SUNNY ISLES BEACH, FL 33160 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

(conti.)

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: OLGA RATMANKSY
 Address: 301 174TH ST. APT. 2303
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

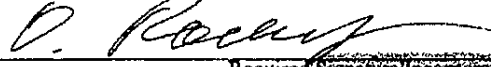
The name and address of the Incorporator is:

Name: OLGA RATMANKSY
 Address: 301 174TH ST. APT. 2303
SUNNY ISLES BEACH, FL 33160

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

 05/20/16
 Required ~~Signature/Registered Agent~~ ~~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.

 05/20/16
 Required ~~Signature/Incorporator~~ ~~Date~~