

P16000101254

(Requestor's Name)

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(City/State/Zip/Phone #)

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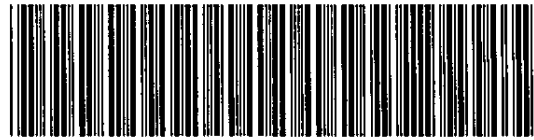
(Business Entity Name)

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FILED
2016 DEC 27 PM 4:43
CLERK OF COURT
TALLAHASSEE, FLORIDA

V HERRING
DEC 28 2016

COVER LETTER

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

SUBJECT: ALLIED HEALTHCARE 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: Edward Stahlin
Name (Printed or typed)

315 W Huron St Ste 240
Address

Ann Arbor, MI 48103
City, State & Zip

877-281-6496
Daytime Telephone number

documents@directincorporation.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)

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ARTICLE I NAME

The name of the corporation shall be: ALLIED HEALTHCARE GROUP Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2665 South Bayshore Drive, Suite 220

Mailing address, if different is:

Miami, FL

33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attached.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aleksandra Timerkhanova, Dir

Name and Title: Renato De Castello, Dir

Address 2665 South Bayshore Drive, Suite 220

Address: 2665 South Bayshore Drive, Suite 220

Miami, FL

Miami, FL

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Name and Title: Marcus Guerra, Dir

Name and Title: Francisco Malave, Dir

Address 2665 South Bayshore Drive, Suite 220

Address: 2665 South Bayshore Drive, Suite 220

Miami, FL

Miami, FL

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Name and Title: Pilar Emilia Leon, Dir

Name and Title: Kinda Barmada, Dir

Address 2665 South Bayshore Drive, Suite 220

Address: 2665 South Bayshore Drive, Suite 220

Miami, FL

Miami, FL

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Attachment for ALLIED HEALTHCARE GROUP Inc.

Article III Purpose:

The ALLIED HEALTHCARE GROUP provides turn-key, outsourced administrative and management services to hospitals and healthcare systems including operation and management of small to large size hospitals, skilled nursing facilities & other healthcare facilities. Our Company is the most experienced hospitals administrator, project planner, experienced in hospitals design, plans, development and commissioning of new hospitals, healthcare facilities, medical equipment procurer, developer and advisory company in the global market today. We provide individual services, turn-key services and total solutions. Unique to our company is the experience and success with Private-Public Hospital Partnerships, new hospital commissioning as well as with academic, teaching hospitals. Services provided by ALLIED HEALTHCARE GROUP: 1. Turn Key Outsourced Management of hospitals, healthcare facilities, skilled nursing facilities and other facilities. 2. New hospitals Planning, Developing and Commissioning; expansion and modernization of existing healthcare facilities; 3. Operations and management of hospitals, healthcare facilities & skilled nursing facilities 4. Feasibility, Business, and Strategic Planning 5. Organizational Transformation and Turn-Around 6. Operation and management of small to large size hospitals, skilled nursing facilities & other healthcare facilities. 7. Medical equipment procurement and installation, commissioning and operational services across the globe; world-wide hospital technology and equipment delivery; 8. Procurement, supply & leasing of major hospitals machinery, equipment and state of the art radiological and diagnostic systems and services across the globe; 9. Hospital technology world-wide; complete installation of small to large sized hospitals with complete equipment's and plant, machinery, and technology and training on turn-key basis; Provide mobile healthcare units for remote areas where conventional healthcare facilities are not available; We are an internationally recognized, full-service healthcare management & operations; staffing & recruitment and workforce solutions Company. Allied Health Care Group has helped thousands of professionals find the contract, contract-to-hire, or direct hire position that fits their interests, credentials, experience, and career aspirations. Our high standards have earned us long-standing relationships with some of the country's best renowned US employers that range from major hospitals to long-term care facilities, skilled nursing homes, medical groups and clinics, physician offices, pharmaceutical companies, medical colleges & universities, insurance companies, and TPAs.

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Name and Title: M. A. Shahid, Dir

Name and Title: _____

2016 DEC 27 PM 4:43

Address 2665 South Bayshore Drive, Suite 220

Address: _____

Miami, FL

33133

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: M A Shahid

Address: 2665 South Bayshore Drive, Suite 220

Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: M A Shahid

Address: 2665 South Bayshore Drive, Suite 220

Miami, FL 33133

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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]
Required Signature/Registered Agent

12/15/2016
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.

[Signature]
Required Signature/Incorporator

12/15/2016
Date