

P21000034966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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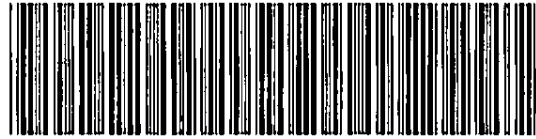
(Business Entity Name)

(Document Number)

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2021 MAR 18 AM 11:07

F11-11

COVER LETTER

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

FILED
2021 MAR 18 AM 11:07

SUBJECT: American Institute of Healthcare and Hospital Management (AIHC) CORP
(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: Anderson, Jully
Name (Printed or typed)

Address
1308 S. Semoran Boulevard
Orlando, FL 32807
City, State & Zip

407 - 543 - 7098
Daytime Telephone number

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: **American Institute of Healthcare and Hospital Management (AIHC) CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1308 S. Semoran Boulevard
Orlando, FL 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any and all lawful business**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **American Group for Managing**

Name and Title: **President**

Educational Projects Corp.

Address **1308 S. Semoran Boulevard**

Address:

Orlando, FL 32807

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: **American Group for Managing Educational Projects Corp.**

Address: **1308 S. Semoran Boulevard**

Orlando, FL 32807

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **American Group for Managing Educational Projects Corp.**

Address: **1308 S. Semoran Boulevard**

Orlando, FL 32807

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:

Jully . A

Required Signature/Registered Agent

January 12, 2021

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.

Jully . A

Required Signature/Incorporator

January 12, 2021

Date