

P22000019990

Florida Department of State
Division of Corporations
Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000098792 3)))



H220000987923AB06

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALPHA MEDICAL RESEARC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
2022 MAR 16 AM 3:46
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

• **ARTICLE I NAME:** The name of the corporation is:Alpha Medical Research, Inc.• **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

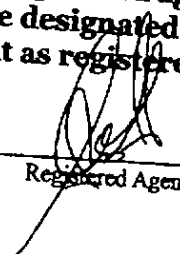
15770 SW 150 CT.
Miami FL 33187**ARTICLE III SHARES:** The number of shares of stock is: 100• **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Saul Castellanos / President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SAUL CASTELLANOS
15770 S.W. 150 CT.
MIAMI FL 33187**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SAUL CASTELLANOS
15770 S.W. 150 CT.
MIAMI FL 33187FILED
2022 MAR 16 AM 3:46

Required Signatures:

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



Registered Agent3/10/22
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.



Incorporator3/10/22
Date

FILED

2022 MAR 16 AM 3:46

TALLAHASSEE, FLORIDA