

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.

((H22000125760 3)))



H220001257603ABCZ

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
ANKH MEDICAL CENTER, CORP.

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

T. SCOTT

APR - 7 2022

RECEIVED
2022 APR -6 PM 2:51
CORPORATIONS
COMMERCIAL
SERVICES

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:

ANKH MEDICAL CENTER, COLP.

- **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11702 SW 240th terrace
Princeton, FL 33032

- ARTICLE III SHARES:** The number of shares of stock is: 100

- **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Yenia Torres (P)

- ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Yenia Torres
11702 SW 240th terrace
Princeton, FL 33032


- ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Yenia Torres
11702 SW 240 Terr.
Princeton FL 33032

22 APR - 6 PM 2023

Required Signatures:

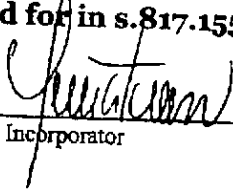
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent03-24-22

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.



Incorporator03-24-22

Date