

Florida Department of State

Division of Corporations

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

TamekaDouglasmedical INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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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: TamekaDouglasmedical INC

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
<u>1561 SW 87th Terrace</u>	<u>1561 SW 87th Terrace</u>
<u>Pembroke pines FL 33025</u>	<u>Pembroke pines FL 33025</u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Medical Services

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tameka Douglas, President</u>	Name and Title:	_____
Address:	<u>1561 SW 87th Terrace</u>	Address:	_____
	<u>Pembroke pines FL 33025</u>		_____
	_____		_____

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

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

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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: Tameka Douglas
Address: 1561 SW 87th Terrace
Pembroke pines FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tameka Douglas
Address: 1561 SW 87th Terrace
Pembroke pines FL 33025

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 business days prior or 90 business 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

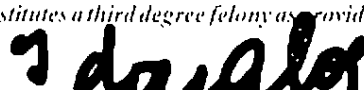


Required Signature of Registered Agent

07/12/2024

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.



07/12/2024