

P96000039925

TRANSMITTAL LETTER

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

000001809100
-05/06/96--01059--002
****131.25 ****131.25

SUBJECT: Africa USA Health Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
96 MAY -3 PM 1:24

FROM: Larry Eugene Williams
Name (printed or typed)

3516 N.W. 42 Street
Address

Lauderdale Lakes, FL 33309
City, State & Zip

(954) 485-2691
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

4/5/96

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -3 PM 1:24

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Africa USA Healthcare Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3516 N.W. 42 Street
Lauderdale Lakes, FL 33309

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

3516 N.W. 42 Street
Lauderdale Lakes, FL. 33309 Larry Eugene Williams

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Larry Eugene Williams
3516 N.W. 42 Street
Lauderdale Lakes, FL 33309

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of May , 19 96 .

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY -3 PM 1:24

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

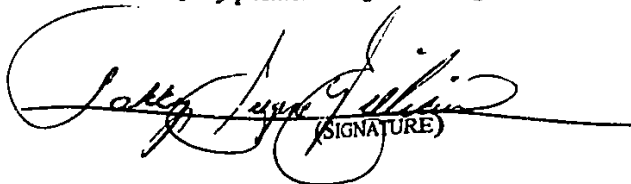
1. The name of the corporation is: Africa USA Healthcare Services, Inc.
2. The name and address of the registered agent and office is:

Larry Eugene Williams
(NAME)

3516 N.W. 42 Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lauderdale Lakes, Florida 33309
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

May 1, 1996
(DATE)