

P97000052341

TRANSMITTAL LETTER

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

SUBJECT: The American Health Care Workers Guild, Corp.
(Proposed corporate name - must include suffix)

100002188891--1
-05/22/97--01127--001
*****78.75 *****78.75

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

FROM:

Stanley Pincus
Name (Printed or typed)

1985 Ocean Dr Apt 7P
Address

Hallandale, Fla. 33009
City, State & Zip

954-458-9055
Daytime Telephone number

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

97 JUN 12 AM 9:37
FILED
TALLAHASSEE, FLORIDA
JUN 13 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 27, 1997

STANLEY PINCUS
1985 S. OCEAN DRIVE
APT 7P
HALLANDALE, FL 33009

SUBJECT: THE AMERICAN HEALTH CARE WORKERS GUILD, CORP.
Ref. Number: W97000012272

We have received your document for THE AMERICAN HEALTH CARE WORKERS GUILD, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

REGISTERED AGENT DESIGNATION PAGE NOT RECEIVED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 197A00028389

ARTICLES OF INCORPORATION

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: *The American Health Care Workers Guild, Corp.*

ARTICLE II PRINCIPAL OFFICE

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

*1985 S Ocean Dr Apt 7P
Hallandale, Fla. 33009*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

*Stanley Pincus
1985 S Ocean Dr 7P
Hallandale, Fla. 33009*

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):

Stanley Pincus
1985 S Ocean ~~Blvd~~ Apt 7P
OR.

Hollendale, Fla 33009

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

20th day of May, 1997.

(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**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:

THE American Health Care Workers Guild, Corp.
(must include suffix)

2. The name and address of the registered agent and office is:

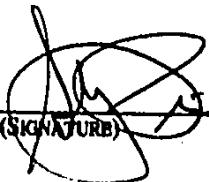
Stanley Pincis
(NAME)

1179 Garfield St
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hollywood Fla 33020
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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)

6/10/97
(DATE)