CAPITAL CONNECTION, INC.

^{*}417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P98000017

Will Pick Up _

Applicated Healthcare,

Signature

Name

Requested by:

Walk-In _____

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

7946

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	LTD Partnership File	
	Foreign Corp. File	
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	RA Resignation	-
	Dissolution / Withdrawal	
	Annual Report / Reinstatement	
	Cert. Copy	
	Photo Copy	
	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	
	Officer Search	
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AFFILIATED HEALTHCARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

ATTENTION: GUY A. WILLIS, CPA

2432 FLAGLER AVENUE

KEY WEST, FL 33040

ARTICLE III SHARES

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

250,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GUY A. WILLIS, CRA 2432 FLAGLER AVENUE

KEY WEST, FL 33040

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GUY A. WILLIS, CPA 2432 FLAGLER AVENUE KEY WEST, FL 33040

Sc Viller

Signature/Incorporator

 $\frac{23/9}{\text{Date}}$

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

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/Registered Agent

Date