

TRANSMITTAL LETTER

P99000106720

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

400003064264--5
-12/08/99--01042--005
*****87.50 *****87.50

SUBJECT: Aguilera and Associates Healthcare Consultants, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Louroes M. Aguilera
Name (Printed or typed)

151 CRANDON BLVD. #442
Address

Key Biscayne, FLA. 33149
City, State & Zip

(305) 365-0227
Daytime Telephone number

FILED
99 DEC -8 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

FILED
99 DEC -8 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be: Aguilera and Associates Healthcare Consultants Inc.,

ARTICLE II - PRINCIPAL OFFICE

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

151 Crandon Blvd., #442
Key Biscayne, Florida 33149

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lourdes M. Aguilera
151 Crandon Blvd., #442
Key Biscayne, Florida 33149

ARTICLE V - INCORPORATOR

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

Lourdes M. Aguilera
151 Crandon Blvd., #442
Key Biscayne, Florida 33149

Lourdes M. Aguilera
Signature/Incorporator

12/3/99
Date

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.

James M. Aguilar
Signature/Registered Agent

12/3/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA