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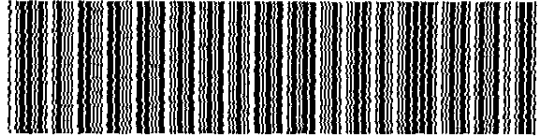
(Business Entity Name)

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**LAZARUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SERVICE MEDICAL OPTS, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2-00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION  
OF  
SERVICE MEDICAL OPTS. INC.**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the State of Florida providing for the formation, liability, right, privileges and immunities of a profit corporation

**ARTICLE I - NAME**

The name of the corporation shall be:

**SERVICE MEDICAL OPTS. INC.**

**ARTICLE II - PRINCIPAL OFFICE**

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

85 GRAND CANAL DR. SUITE 106  
Miami, Fl. 33144

**ARTICLE III - PURPOSE**

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the state of Florida and the United States.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue 200 shares of One Dollar (\$ 1.00) par value common stock

#### ARTICLE V – PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new common stock of this corporation, shall have the right to purchase his pro-rata share (as nearly as many be done without issuance of fractional share) at the price at which it is offered to others.

#### ARTICLE VI – INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**MANUEL M. DELVALLE**  
2342 S.W. 15 ST.  
Miami, Florida 33145

#### ARTICLE VII – BOARD OF DIRECTORS

This corporation shall have One director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one(1). The initial director of this corporation is.

**MANUEL M. DELVALLE**  
**President / Director**

#### ARTICLE VIII – INCORPORATOR

The name and street of the incorporator to these article is:

Manuel M. DelValle  
2342 .S.W. 15 St.  
Miami , FL. 33145

ARTICLE IX – INDEMNIFICATION

The corporation shall indemnify any officer or directors, or any former officers or directors to the extent permitted by law.

ARTICLE X – BY LAWS

The power to adopt, alter, amend or repeal the by-laws shall be vested in the Board of Directors and the shareholders. In witness whereof, the undersigned incorporator has executed these articles of incorporation this August 14 2003

CERTIFICATE DESIGNATING THE ADDRESS AND  
AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSED;

That **SERVICE MEDICAL OPTS. INC.** is desiring to organize under the laws of the state of Florida has appointed **MANUEL M. DELVALLE** of 2342 S.W. 15 ST. Miami, Fl., 33145 as its Registered agent to accept service of process within the state.

ACKNOWLEDGMENT;

Having been named by the first Board of Directors of **SERVICE MEDICAL OPTS. INC.** to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the applicable provisions of the state of Florida Statutes, this 14<sup>th</sup> day of AUGUST, 2003. .

x *Manuel M. DelValle*

REGISTERED AGENT  
INCORPORATOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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