

P00000050197

Requester's Name

R120 LV15  
535 SE 8 St.  
Hialeah, FL 33010

Office Use Only

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

- 1. \_\_\_\_\_ (Corporation Name) (Document #) 100003242961--4  
-05/08/00--01113--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75
- 2. \_\_\_\_\_ (Corporation Name) (Document #)
- 3. \_\_\_\_\_ (Corporation Name) (Document #)
- 4. \_\_\_\_\_ (Corporation Name) (Document #)

EFFECTIVE DATE  
5-15-00

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

NEW FILINGS

AMENDMENTS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

REGISTRATION/QUALIFICATION

- Annual Report
- Fictitious Name

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA  
00 MAY 22 PM 1:20  
**FILED**

T BROWN  
MAY 22 2000  
Examiner's Initials

~~1100~~ 12/98



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 10, 2000

RIZO LUIS  
535 SE 8TH STREET  
HIALEAH, FL 33010

SUBJECT: LMNOP TRANSCRIPTIONS, INC.  
Ref. Number: W00000012198

We have received your document for LMNOP TRANSCRIPTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 (850) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 600A00026079

13252 SW 8th Street  
Miami, FL 33184  
(305) 220-4120  
Ext. 16.

EFFECTIVE DATE  
5-15-00

FILED  
00 MAY 22 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
LMNOP TRANSCRIPTIONS, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopts the following Articles of Incorporation:

**Article One: Name**

The name of the corporation is: **LMNOP Transcriptions, Inc.**

**Article Two: Commencement and Duration**

The corporation's existence shall commence on MAY 15, 2000, and shall be perpetual unless terminated by law.

**Article Three: Capital Stock**

The maximum number of shares which the corporation has authority to issue is 100, all of which shall be common shares with \$1.00 par value. The corporation shall have a lien on the stocks or dividends due any shareholder indebted to the corporation.

**Article Four: Principal Address and Initial Registered Agent and Address**

The principal address and initial registered agent address of the corporation shall be:  
535 SE 8 STREET, HIALEAH, FL 33010  
and the name of the Initial Registered Agent is:  
LUIS RIZO

**Article Five: Preemptive Rights**

The shareholders shall have Preemptive Rights.

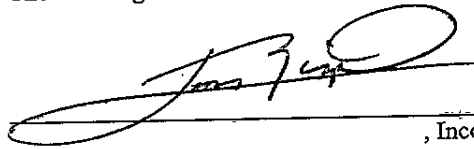
**Article Six: Initial Director and Officer**

The name and address of the initial director and officer of the corporation shall be:  
LUIS RIZO 535 SE 8 STREET, HIALEAH, FL 33010

**Article Seven: Incorporator**

The name and address of the Incorporator of the corporation shall be:  
LUIS RIZO 535 SE 8 STREET HIALEAH, FL 33010

The undersigned has executed these Articles of Incorporation this 19 day of MAY, 2000.

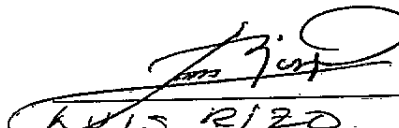
  
\_\_\_\_\_, Incorporator

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

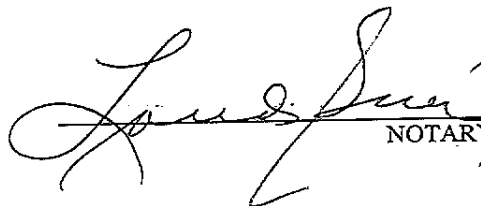
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the corporations: **LMNOP TRANSCRIPTIONS, Inc.**
2. The name and address of the registered agent and office is:  
LUIS RIZO 535 SE 8 STREET HIALEAH, FL  
33010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL THE STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION ;607.325, FLORIDA STATUTES.

  
\_\_\_\_\_  
Luis Rizo, Reg. Agent

May 19, 2000  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
NOTARY PUBLIC



Lourdes Suarez  
MY COMMISSION # CC670039 EXPIRES  
August 7, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

**FILED**  
00 MAY 22 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA