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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LM THERAPEUTIC SERVICES, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE,
FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation
under the Florida General Corporation Act, hereby adopt(s) the following
Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

LM THERAPEUTIC SERVICES, INC.

The principal place of business of this corporation shall be:

524 Washington Avenue #209

Miami Beach, FL 33139

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws
of the United State, the State of Florida, or any other State, Country,
Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this
corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Marcelo Aguirre and Candelaria V. Martin whom resides at 524 Washington Avenue # 209 Miami Beach, FL 33139.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Marcelo Aguirre and Candelaria V. Martin whom resides at 524 Washington Avenue #209 Miami Beach, FL 33139.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these articles Of Incorporation this 29 day of August, 2000.

Signature(s) of Incorporator(s)

Marcelo Aguirre
Marcelo Aguirre Incorporator/Director

Candelaria V. Martin
Candelaria V. Martin/Incorporator/Director

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 corporation: LM Therapeutic Services, Inc.
2. The name and address of the registered agent and office is:

Marcelo Aguirre
524 Washington Avenue #209
Miami Beach, FL 33139

SIGNATURE: _____

TITLE: Incorporator/Registered Agent

Date: _____

8/29/00

HAVING BEEN NAMED 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 I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: _____

Date: _____

8/29/00

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