008253 Division of Corporations,

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346



# 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

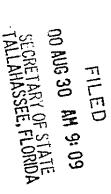
The name of the Corporation shall be:

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 BUSINES

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.

## 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.

Marcelo Aguirre Incorporator/Director

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 B2EEN 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

10 AUG 30 AM 9: 09