

# LARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. LUNG CARE CORP.

(Corporation Name)

200004136202--9

-05/04/01--01047--014

(Document #)

\*\*\*\*\*78.75 \*\*\*\*\*78.75

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail



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

## ARTICLES OF INCORPORATION

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

### ARTICLE I - NAME

*The name of the corporation shall be:*

LUNG CARE corp.

FILED  
01 MAY -4 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

330 SW 27 AVE ST 707  
MIAMI FL. 33135

### ARTICLE III - SHARES

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

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the initial registered agent is:*


PAULINO F. MORERA  
650 NW 123 AVE  
MIAMI FL 33182

ARTICLE V - INCORPORATOR

*The name and street address of the incorporator to these Articles of Incorporation is:*

PAULINO F. MORERA  
650 NW 123 Rd AVE  
MIAMI FL 33182

*The undersigned incorporator has executed these Articles of Incorporation this* 3 *day of* MAYO 20 01

  
\_\_\_\_\_  
Signature

ARTICLE VI- DIRECTOR(S)

*The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):*

PAULINO F. MORERA (PRESIDENTE)  
650 NW 123 Rd AVE  
MIAMI FL. 33182

**FILED**  
01 MAY -4 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

*Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.*

  
\_\_\_\_\_  
Registered Agent Signature