

**P01000098142**

**SIMA ACCOUNTING SERVICES, INC.**

6110 CORAL WAY, MIAMI, FL. 33155

PHONE: (305) 663-5303

FAX (305) 663-2722

**FILED**

01 OCT -8 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Oct. 3rd, 2001

Department of State  
Division of Corporation  
Post Office Box 6327  
Tallahassee, Florida 32314

400004626914--4  
-10/08/01--01060--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**Ref: LA MAR HEALTH SUPPLIES, INC.**

Dear Sirs:

Enclosed are an original and a copy of the Articles of Incorporation of the above referenced corporation for filing by the Dept. of State. Also enclosed is a check for \$78.75 as payment for the following:

Filing Fees & Certificate      \$78.75

Please return a certified copy of the Articles of Incorporation to me as soon as it has been filed.

Sincerely,



Silvia M. Garcia  
President - Sima Accounting Services, Inc.

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01 OCT -8 AM 11:

SECRETARY OF STA  
TALLAHASSEE, FLOF

## **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: **LA MAR HEALTH SUPPLIES, INC.**

### **ARTICLE II – Principal Office**

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

**7105 SW 8 Street, Suite 303  
Miami, FL 33144**

### **ARTICLE III – Capital Stock**

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

**One hundred Shares (100), Common Stock, \$1.00 par value per share.**

**ARTICLE IV – Terms of Existence**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE V – Initial Registered Agent**

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

**Lupe Lugo  
15164 S.W. 60 Terrace  
Miami, FL. 33193**

**ARTICLE VI – Incorporator(s)**

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

**Lupe Lugo  
15164 S.W. 60 Terrace  
Miami, FL. 33193**

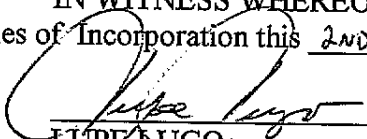
**ARTICLE VII – Directors/Officers**

The name(s) and street address(es) of the directors/officers to these Articles of Incorporation is(are):

**President: Zaida Rimada**  
9370 S.W. 24 Street  
Miami, FL 33155

**Vice-President & Secretary: Lupe Lugo**  
15164 S.W. 60 Terrace  
Miami, FL 33193

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 2ND day of OCT, 2001.

  
\_\_\_\_\_  
LUPE LUGO

  
\_\_\_\_\_

STATE OF FLORIDA                    }  
  } SS.  
COUNTY OF MIAMI DADE        }

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared \_\_\_\_\_ known to me and known by me to be the Person(s) who executed the foregoing Articles of Incorporation, and he/she acknowledge before me that he/she executed those articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 2ND day of OCT. 2001.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:

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

**FILED**  
01 OCT -8 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 is LA MAR HEALTH SUPPLIES, INC.

2. The name and address of the registered agent and office is:

LUPE LUGO

(NAME)

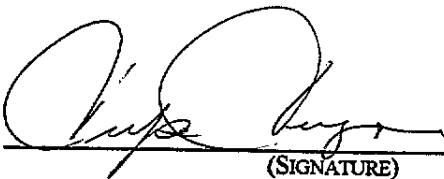
15164 SW 60 TERRACE

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL. 33193

(CITY/STATE/ZIP)

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

  
(SIGNATURE)

10/2/01  
(DATE)