0000842 LAZARUS CORPORATE FILING SERVICE **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. LURI MEDICAL INC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Certificate of Status Mail out Will wait Photocopy NEW FILINGS AMENUMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other registrafion/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reigstatement frademark 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:

Luci Medical Ine



<u> ARTICLE II – PRINCIPAL OFFICE</u>

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

901 sw 19th Ave MiAM: FL 33/44

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:

RitA CARDOSO 901 SW 79th AVE Miami FL 33144

ARTICLE V - INCORPORATOR

ARTICLE VI- DIRECTOR(S)

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

Pita CANdo SO (P) 901 SW 79th Ave Miami, Fi 33144

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process far the sabove 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