

PO3000076789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

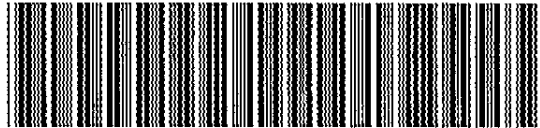
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE JUL 14 2003

Office Use Only



600021368636

07/14/03--01013--017 **236.25

RECEIVED
03 JUL 14 AM 11:14
STATE
TALLAHASSEE
FLORIDA

FILED
03 JUL 14 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. L & D DIAGNOSTIC CENTER CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

L & D DIAGNOSTIC CENTER CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**5040 N.W. 7ST SUITE: 414
MIAMI, FL 33126**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**LIOVEL MENDEZ-TORRES (PRESIDENT)
5040 N.W. 7ST SUITE: 414
MIAMI, FL 33126**

ARTICLE VI REGISTERED AGENT

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

**LIOVEL MENDEZ-TORRES
5040 N.W. 7ST SUITE: 414
MIAMI, FL 33126**

ARTICLE VII INCORPORATOR

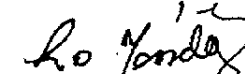
The name and address of the Incorporator is:

**LIOVEL MENDEZ-TORRES
5040 N.W. 7ST SUITE: 414
MIAMI, FL 33126**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

FILED

03 JUL 14 PM 1:13

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

7/10/03

Date

7/10/03

Date