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(Re	equestor's Name)	
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T. Olallal

TRANSMITTAL LETTER

SUBJECT: LCA SERVICES TUCORPORATED
(Proposed corporate name—must include suffix)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original an	d one(1) copy of the articles	of incorporation and a cl	neck for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
<u>.73</u> 4	Name (Printed) ROE CO	d or typed) DURT ess		
JACKSONUILLE FLORIDA 32222 City, State & Zip				
(90	54) 573- Daytime Teleph	5978		

NOTE: Please provide the original and one copy of the articles.

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:

LCA SERVICES INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

7399 ROE COHRT TACKSONVILLE FLORIDA 32222 O4 FEB 19 AMII: 51
SCONCIAGO SIGTE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1,000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LILE ARRWOOD 7399 ROE COURT

JACKSONVILLE FORIDA 32222

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

LYLE ARRWOOD

7399 ROE COMRT

VACKSONULLE FEORIDA 32222

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of February, 19 04.

(An additional article must be added if an effective date is requested.)

X hy le anwood
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 LCA SERVICES TUCORPORATE
2.	The name and address of the registered agent and office is:
	LYLE ARRWOOD (NAME)
	7399 Ros Co 427 (P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	JACKSONVILLE FLOR, DA 32222 (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.

