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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Certified Copy Walk in ☐ Photocopy Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Limited Partnership Fictitious Name 2 Reinstatement Trademark Other

Examiner's Initials

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ARTICLES OF INCORPORATION

2005 NOV 17 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

L & W Medical Penter, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

436 S.W. 8 st. suite#10 Miani, Fl. 33132 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:

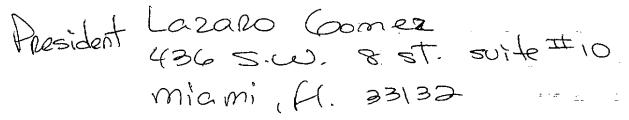
Lazaro Gomez 436 5.w. 8 st suite#10 miami, Fl. 33132

ARTICLE V - INCORPORATOR

The name and street ad Incorporation is:		-	
Lazaro	5. 8 st. 500	ettio Miami, Cl.	33135
The undersigned incorporation this		ed these Articles of 2005.	
	Signature		

ARTICLE VI- DIRECTOR (S)

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



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