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# **LAZARUS**

CORPORATE FILING SET	VAIOL	
3320 SW 87 <sup>TH</sup> AVENUE		
MIAMI, FL 33165 (305) 552-	5973	•
		Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S)	, (if known):
MEDCOSERVIC	ES, FNC.	
(Corporation Name)	(Document #	
2.		
(Corporation Name)	(Document #	7)
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(Corporation Name)	(Document #	)
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(Corporation Name)	(Document #	)
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	Photocopy	☐ Certificate of Status
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NEW FILINGS	AMENDMENTS	2
Profit  Not for Profit	Amendment  Resignation	of R.A., Officer/Director
Limited Liability	Change of Re	egistered Agent
Domestication Other	Dissolution/V	Vithdrawal
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OTHER FILINGS	REGISTRATIO	N/QUALIFICATION
Annual Report	Foreign	
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		Examiner's Initials

CR2E031(7/97)

# 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:

Medco Services Inc Principal OFFICE ARTICLE II - PRINCIPAL OFFICE

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

> 19614 NW 79th Place Miami, FL 33015 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:

JUAN P. RIVERA

19614 NW 79th Place

Miami, FL 33015

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# ARTICLE V - INCORPORATOR

The name and st					Articles of
Incorporation is:	JUAN	P.	RINER	A	
19614	NW 794	h D,	ace.	,	

Mami, FL 33015

Signature

# **ARTICLE VI- DIRECTOR (S)**

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

President - JUAN P. RIVERA

-6 PH 2:27

## 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