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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.
Account Number : I20030000011
Phone : (305)263-9500
Fax Number : (305)229-0985

FLORIDA DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

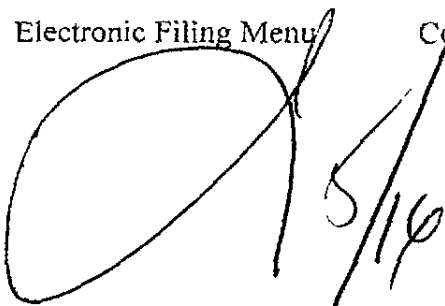
LP3 Corp.

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May 10, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ULTIMATE MEDICAL BILLING INC

SUBJECT: LP3 CORP.
REF: W06000021643

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Tammy Hampton
Document Specialist
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FAX Aud. #: H06000128626
Letter Number: 406A00033036

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 Article of Incorporation.

ARTICLE I- NAME

L-3 Payan, Inc.

ARTICLE II-PRINCIPAL OFFICE

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

12560 NW 11 LANE
MIAMI, FL 33182

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:

LEONEL PAYAN
12560 NW 11 LANE
MIAMI, FL 33182

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

LEONEL PAYAN
12560 NW 11 LANE
MIAMI, FL 33182

The undersigned incorporator has executed these Articles of Incorporation this 2ND
day of May, 2006.



Signature

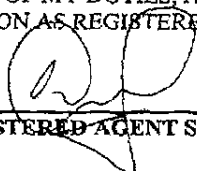
ARTICLE VI - DIRECTOR(S)

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

LEONEL PAYAN
12560 NW 11 LANE
MIAMI, FL 33182

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 COMPLETED PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

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