

P06000 101 769

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

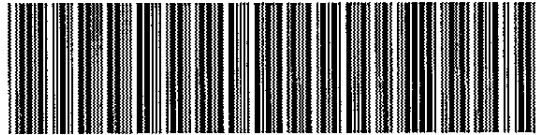
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
06 AUG -3 PM 12:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 AUG -3 PM 12:00  
NOTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

CB 8-4-06

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165

305-552-5973

Office Use Only

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

1. LILYE MEDICAL & MANAGEMENT CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

#### AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

#### OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

#### REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

FILED

06 AUG -3 PM 12:46

**ARTICLES OF INCORPORATION** 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:

*LILYE MEDICAL & MANAGEMENT CORP.*

**ARTICLE II – PRINCIPAL OFFICE**

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

*1393 SW 1<sup>st</sup>. STREET, SUITE 415  
MIAMI, FL. 33135*

**ARTICLE III – SHARES**

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

*500*

**ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*CLARA L. MACARENO  
1393 SW 1<sup>st</sup> STREET, SUITE 415  
MIAMI, FL. 33135*

**ARTICLE V – INCORPORATOR**

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

*CLARA L. MACARENO  
1393 SW 1<sup>st</sup> STREET, SUITE 415  
MIAMI, FL. 33135*

**The undersigned incorporator has executed these Articles of Incorporation this 2nd day of AUGUST 2006**

  
Signature

**ARTICLE VI – DIRECTOR(S)**

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

*CLARA L. MACARENO, PRES.  
1393 SW 1<sup>st</sup> STREET, SUITE 415  
MIAMI, FL. 33135*

**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