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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CP 1 E 1 (7 (67)	Examiner's Initials

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CR2E031(7/97)

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FILED 2007 MAY - 4 PM 1: 47 SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 - NÀME The name of the corporation shall be: $\angle BM$ HEALTH SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

8840 FONTAINEBLEAU BLVD. # 301 MIAMI FL. 33172.

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:

BEATRIZ PEREZ SOTOLONGO. 0840 FONTAINEBIERU Blud # 301 MIAMI FL 33172.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of FONTAINEBLEAU BIUD Incorporation is: RA4A #301 MIAMI FC BEATRIZ PERE Sotalongo The undersigned incorporator has executed these Articles of Incorporation this 03 day of May , 2007

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of

(are): BEATRIZ PEREZ Sotalongo-President Hanuel Rodriguez Garaia-Vioprecident 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 sent Signature