

**P08000014365**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**lemaris health, inc**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEMARIS HEALTH, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

LEMARIS HEALTH, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers  
To have perpetual succession by it's corporate

Name:

LEMARIS HEALTH, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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## **ARTICLE V**

**The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:**

**AMARILIS PASO  
10526 SW 14 COURT  
PEMBROKE PINES FL 33025**

**The principal office shall be:**

**10526 SW 14 COURT  
PEMBROKE PINES FL 33025**

## **ARTICLE VI**

**The initial Board of Directors shall consists of a total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:**

**AMARILIS PASO  
10526 SW 14 COURT  
PEMBROKE PINES FL 33025**

**PRESIDENT**

**LAZARO CUERVO  
10526 SW 14 COURT  
PEMBROKE PINES FL 33025**

**VICE PRESIDENT**

**The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:**

**AMARILIS PASO  
10526 SW 14 COURT  
PEMBROKE PINES FL 33025**

**50 %**

**LAZARO CUERVO**  
**10526 SW 14 COURT**  
**PEMBROKE PINES FL 33025**

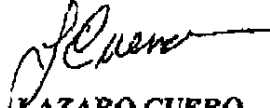
**50 %**

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

**AMARILIS PASO**  
**10526 SW 14 COURT**  
**PEMBROKE PINES FL 33025**

**IN WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles of Incorporation this 04<sup>th</sup> days of February of 2008.-**

  
**AMARILIS PASO**  
**President**

  
**LAZARO CUERO**  
**Vice President**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The name of the Corporation is:

**LEMARIS HEALTH, INC.**

2.- The name and address of the registered agent and office is:

**AMARILIS PASO  
10526 SW 14 CT  
PEMBROKE PINES FL 33023**

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: \_\_\_\_\_

**PRESIDENT.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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