

## Florida Department of State

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Division of Corporations

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Account Nama : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA PROFIT/NON PROFIT CORPORATION

LEMUS HEALTH CENTERS, INC.

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# H09000199140

## 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

Effective Date 9-09-09

THE NAME OF THE CORPORATION SHALL BE:

Lemus Health Centers, enc

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of Business and Mailing of this corporation shall be:

5550 SW 60ct Miami, FI 33155

## ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1,000,000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

J.Michael Lemus 5550 500 60ct Miami, Fl 33155

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### ARTICLE V - INCORPORATOR

THE UNDERSIGNED INCORPORATION HAS EXECUTED THESE ARTICLES

× 10 Michael Jacuses

#### ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

J. Michael Lemus (P)

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEES FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HERRBY 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 PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT,

REGISTERED AGENT SIGNATURE

FAX ND. :3052201440

FROM : LAZARUS

### Article VII - Effective Date and 'Time

Effective date of 09.09.09 and time of 3:08pm

Ju Signature Leave