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LAZARUS

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LOPEZ SANO MEDICAL SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

October 4, 2010

To whom it may concern:

Please be advised that the owners of the company LOPEZ SANO MEDICAL SERVICES INC. with the doc number P09000021925 are the same as those who are opening this new company with the same name. Thank you.

Sincerely,



MARLENE LOPEZ HERNANDEZ

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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

The name of the corporation shall be:

LOPEZ SANO MEDICAL SERVICES INC

ARTICLE II - PRINCIPAL OFFICE

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

9590 NW 25 ST. Doral FL 33172
P.O. Box 227475 Miami FL 33222-7475

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:

MARlene L. Hernandez
9590 NW 25 ST.
Miami FL 33172.

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ARTICLE V - INCORPORATOR

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

MARLENE L. HERNANDEZ
9590 NW 25 ST
Miami FL 33172.

The undersigned incorporator has executed these Articles of Incorporation this
_____ day of _____ 20_____.

Signature

ARTICLE VI- DIRECTOR (S)The name(s) and street address (cs) of the director(s) to these Articles of
Incorporation is (are):

MARLENE L. HERNANDEZ (P)

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

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