

11/05/2010 15:02

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LAZARUS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H10000242013 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PROVIDER'S CHOICE GROUP, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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PS 11/8/10

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TALLAHASSEE, FLORIDA

H10000242013

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME PROVIDER'S CHOICE GROUP, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

10610 SW 158 CT

103

MIAMI FL 33196

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILKINS LEONARDO - PRESIDENT

Address: 10610 SW 158 CT

#103

MIAMI FL 33196

Name and Title: JIMMY DE ARMAS - VP

Address: 11775 SW 18 ST

6

MIAMI FL 33175

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WILKINS LEONARDO

Address: 10610 SW 158 CT #103

MIAMI FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILKINS LEONARDO

Address: 10610 SW 158 CT #103

MIAMI FL 33196

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

11/5/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/5/10

Date

H10000242013