Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: BLUMBERG/BXCELSIOR CORPORATE SERVICES

Phone

Account Number : 075350000353 : (212)431-5000

Fax Number

: (212)431-1441

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION Lucira Healthcare Consulting Inc.

Certificate of Status 0 Certified Copy 01 Page Count \$70.00 Estimated Charge

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Lucira Healthcare Consulting Inc.

<u>ARTICLE II</u> PRINCIPAL OFFICE

The principal place of business/mailing address is: 4320 Deerwood Lake Pkwy, Suite 101-124 Jacksonville, FL 32216

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation my be formed.

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lyudmila Fedorova 4320 Deerwood Lake Pkwy, Suite 101-124 Jacksonville, FL 32216

ARTICLE VI REGISTERED AGENT

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

Lyudmila Fedorova 4320 Deerwood Lake Pkwy, Suite 101-124 Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lyudmila Fedorova 4320 Deerwood Lake Pkwy, suite 101-124 Jacksonville, FL 32216

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Having been named as	registered agent to accept service of process for th	e above stated corporation at the pla	ce designated in this
	r with and accept the appointment as registered ages		

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x Lynding Laloma	5/27/11
O Signature/Registered Agent	Date
x Lynder & Fortona	5/27/11
Signature/Registered Agem	Date

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