

7/25/12

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Division of Corporations
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 : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

****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
LG MOBILE LAB INC**

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

07/26/12

RECEIVED

12 JUL 25 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 JUL 25 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LG MOBILE LAB INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

**2121 WISHING WELL WAY
TAMPA, FL 33619**

Mailing address, if different is:

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: **P. GARCIA TILLAN, LUIS E**
Address: **2121 WISHING WELL WAY
TAMPA, FL 33619**

Name and Title: _____
Address: _____

Name and Title: **V. LORENTE FUENTES, RAYBERT**
Address: **2121 WISHING WELL WAY
TAMPA, FL 33619**

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: **GARCIA, TILLAN, LUIS E**
Address: **2121 WISHING WELL WAY
TAMPA, FL 33619**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **GARCIA TILLAN, LUIS E**
Address: **2121 WISHING WELL WAY
TAMPA, FL 33619**

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

07/24/2012

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

07/24/2012

Date

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12 JUL 25 AM 11:16
TALLAHASSEE, FLORIDA