

MAY/13/2014 11:12 AM

FAX No.

5/13/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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RECEIVED  
14 MAY 15 AM 11:35  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
L3 ADVISORS, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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*Handwritten signature and date: 05/16/14*

MAY/15/2014/THU 11:12 AM

FAX No.

P. 002

**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: L3 Advisors, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2333 Brickell Ave

Suite A-1

Miami, FL 33129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: health care advisory services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher A. Parrella Name and Title:

Address

(President)

Address:

2333 Brickell Ave, A-1

Miami, FL 33129

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Christopher A. Parrella

Address:

2333 Brickell Ave., Ste A-1  
Miami, FL 33129**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Christopher A. Parrella

Address:

2333 Brickell Ave., Ste. A-1  
Miami, FL 33129

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

Christopher A. Parrella

Required Signature/Registered Agent

4-12-14

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.

Christopher A. Parrella

Required Signature/Incorporator

4-12-14

Date

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