

07/14/2015 15:19

38 22014

LAZARUS

PAGE 1/03

P16000058060

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000169912 3)))



H160001899123ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)675-5944

FILED
16 JUL 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Email Address: _____

RECEIVED

16 JUL 14 PM 4:38

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALLERMEDICAL INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

H16000169912
FILED**ARTICLES OF INCORPORATION**

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

16 JUL 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE I NAME:** The name of the corporation is:Ailer Medical, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7805 Coral WaySuite # 104Miami, FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nancy D. Alberto (President)Habib Geagea (Vice President)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

NANCY D. ALBERTO7805 CORAL WAY SUITE #104MIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NANCY D. ALBERTO7805 CORAL WAY SUITE #104MIAMI FL 33155

H16000169912

FILED H16000169912

16 JUL 14 AM 9:03

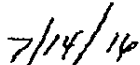
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Required Signatures:

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

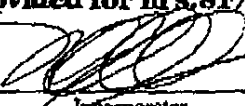


Registered Agent



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.



Incorporator



Date

H16000169912