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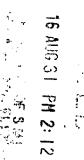
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Lakesid	e Endocrine Associates			
Jebsee 1	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of	
	*	ADDITIONAL CO	Status PV REQUIRED	
		ABBITTOTALE	T TREQUIRED	
11	to Cittono			
FROM:	ke Givens	e (Printed or typed)		
	папн	e (Printed or typed)		
28 1	Pillar Lande			
		Address		
Palı	n Coast, Florida. 32164			
City, State & Zip				
407	-325-3397			
	Daytime T	elephone number		
lgzo	onian@yahoo.com			
	E-mail address: (to be use	d for future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.

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

TICLE II PRI	NCIPAL OFFICE			
67 North Clyde M	Principal street address	28 2011	Mailing address, if different is:	
ytona Beach, Flori			28 Pillar Lane Palm Coast, Florida. 32164	
ytona beach, rion	ud. 32117		Loast, Horida. 32104	
· · ·				
TICLE III PUR	POSE Proffe	esional Corporation/M	edical Practice	
e purpose for whic	h the corporation is organized is:		. · · · · · · · · · · · · · · · · · · ·	
			UG 3	
			<u> </u>	
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ETICLE IV SHA	IRES 100 of stock is:			
ETICLE IV SHA e number of shares	IRES 100 of stock is:			
e number of shares	I <u>RES</u> of stock is: TIAL OFFICERS AND/OR DIRECTO			
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR	<u>88</u>	Neime Sanchez-Givens: Owner	
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Name	and Title:	Name and Title:	
Addro	ess	Address:	
		——————————————————————————————————————	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Luke Givens		
Address:	28 Pillar Lane		
	Palm Coastr, Florida. 32164		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Luke Givens		
Address:	28 Pillar Lane		
	Palm Coast, Florida. 32164	_	
ARTICI F VII	I EFFECTIVE DATE: September 1 2016		
Effective date,	if other than the date of filing: September 1, 2016 e date is listed, the date must be specific and can	. (OPTIONAL) not be more than five business	s days prior or 90 business
Note: If the da	ate inserted in this block does not incer the applicable effective date on the Department of State's records	e statutory filing requirements,	this date will not be listed as
Having been n his certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ss for the above stated corpora egistered agent and agree to ac	tion at the place designated in t in this capacity
>.	Sustivens		8-27-2016
	Required Signature/Registered Agent		8-27-2016 Date
submit this de	ocument and affirm that the facts stated herein ar e Department of State constitutes a third degree felo	e true. I am aware that the fal	
> 1	Linur		8-27-201L
Reg	dired Signature/Incorporator		Date