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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

\*\*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 L.B. MEDICAL SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
L.B. Hedical Services Inc.	<u> </u>	
ARTICLE II PRINCIPAL OFFICE:		•
The principal street address and mailing address is:		<b>£</b>
Miami 46 33172		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
LUIS LORENZO BARRETO (P)		
· · · · · · · · · · · · · · · · · · ·	20	
HE SEC	2018 AUG 30	
	G 30	
SCH	2	
	8: 48	<b>6</b>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.	•	
The name and Florida street address (PO Box not acceptable) of the registered agent in LUIS LOTENZO Barreto	s:	
10001 NW 27 Terr.		
Miami FL 33172		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i	5:	
INDOI NIVI 27 TORT		
MIANI FI 33172		
H180 002548	388	

## **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

<u>50. 20</u>/ 0

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.

Date

AUG 30 AM 8: 48
REJARY OF STATE