Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ANDRES M. LUCES, CRNA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
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Help

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ARTICLES OF INCORPORATION

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

E II PRINCIP	PAL OFFICE		
Pr	rincipal street address	Mailing address, if diffi	erent is:
leneith Tetrace			
Lakes, Florida 330			
<i>LETH PURPOS</i> pose for which the	,	orpose\$	
CLEAN SHARES mber of shares of st	Σ ock is:		
mber of shares of st	ock is: OFFICERS AND/OR DIRECTORS		
mber of shares of st <u>LE-V - INITIAL</u> Name and Title:	OCK is: OFFICERS AND/OR DIRECTORS Andres M. Luces, President	Name and Title:	
The V INITIAL Name and Title: Address	OCK is:		
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(((H19000076833 3)))

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT			
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Peter R. Abesada, Esq.	<u> </u>		
Address:	3676 SW 2nd Street	<u></u>		
	Minmi, Florida 33135	_		
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	Andres M. Luces			
Address:	8405 Menteith Terrace			
Acidioss.	Miami Lakes, Florida 33016	_ _		
* DET 12 12 12 12 1	L ERRECTIVE B. CER.			
Effective date,	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific and can	not be more than five days prior or 90 days after the		
	ate inserted in this block does not meet the applicable effective date on the Department of State's records	ole statutory filing requirements, this date will not be listed as ls.		
this certificate,	amed as registered agent to accept service of proce I pol familiar with and accept the appointment as i			
<i>!</i>	Required Signature/Registered Agent	3/06/15		
, ,		Date		
	incument and affirm that the facts stated herein a re Papartment of State constitutes a third degree fel	ire true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.		
,	Ato Dalle I	3/01/12		
· Ise	united Signature/Incorporator	Date		