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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
LC PROFESSIONAL SERVICES CORP.

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

19 OCT -2 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

LC PROFESSIONAL SERVICES Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7175 SW 8 ST Ste 210  
MIAMI FL 33144

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

PRESIDENT:

LEONOR C AZCUE MAZAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 OCT - 2 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LEONOR C AZCUE MAZAR  
7175 SW 8 ST Ste 210  
MIAMI FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

LEONOR C. AZCUE MAZAR  
7175 SW 8 ST Ste 210  
MIAMI FL 33144

**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

✓ [Signature] \_\_\_\_\_ Date \_\_\_\_\_  
Registered Agent

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.

✓ [Signature] \_\_\_\_\_ Date \_\_\_\_\_  
Incorporator