

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.

(((H22000060389 3)))



H220000603893ABC/

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

To:		
	Division of Co	rporations
	Fax Number	: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
		• T29999999999
	Phone	: (305)552-5973
	Fax Number	11242
		: (305)675-5944
**Ent	er the email add	ress for this business entity to be used for futine
	annual report ma	ilings. Enter only one email address please.** The
	Email Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION PERAL 53 MED, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 (Profit)

22 FEB 15 AM 1:53

ARTICLE 1 NAME: The name of the corporation is:

SECRETARY OF STATE TALESHASSEE. FLORIDA

Peral 53 Med, INC					
ARTICLE II PRINCIPAL OFFICE:					
The principal street address and mailing address is:					
5881 NW 151 St suite 220					
MIGMI Lakes F1 33014					
ARTICLE III SHARES: The number of shares of stock is:	·				
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:					
Leonardo Nulo (P)	•				
	-				
					
	-				
	-				
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	Ĺ				
The name and Florida street address (PO Box not acceptable) of the registered agent	is:				
<u>Leonardo</u> Huro					
5881 NW 151 St Suite 220					
Mami Lakes FI 33014					
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:				
Leonardo Muro	_				
8881 NW 151 St Suite 220	_				
miami Lakes F1 33014.	_				

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



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

22 FEB IS AM 1: 53