23000 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 LLANES MEDICAL SERVICES, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

LLAD	JES MEDICAL SERVICES	i, INC.
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
 -	MIAMI, FL 33144	
ARTICLE III	SHARES: The number of shares of stock is:/	CO
<u>ARTIC</u>	THE PROPERTY OF THE PROPERTY O	CEF:S:
	ONWARD 1982, INC. (PRESIDENT)	
	(PRESIDENT)	
		·
		
ARTICLE V	INITIAL REGISTERED AGENT AND STREET	ADDRESS:
he name and Flo	orida street address (PO Box not acceptable) of the regis	stered agent is:
	CHWARD 1982 INC	26
8100	SW 5th STREET	023 AUG
- Mi	Ani, FL 33144	
		28 I
ARTICLE VI	INCORPORATOR: The name and address of the Inc	기 및 유유 Colporatorisc 드
	ONWARD 1982 INC.	FA :2
8100	SW 5TH STIRET	<u> </u>
Mid	tmi 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

Registered Agent

liste

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

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