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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.

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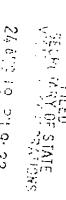
FLORIDA PROFIT/NON PROFIT CORPORATION LIVE MED CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

LAZARUS CORPORATE

ARTICLE I NAME: The name of the comration is:

LIVE MED CORP		
ARTICLE II PRINCIPAL OFFICE:	_	
The principal street address and mailing address is: 725/ Sw 22 st		
Mia Mi Fl 33155		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Alfonso Garcia plaximo Hermenegildo 7251 SW 22 St		
1251 SW 22 ST Miani Fl 33155		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Alfonso Barcia Maximo Hermenegildo	24 # 17	*# ==
7251 SW 22 St. Hiani Fl 33155	<u></u>	NEW Y
ARTICLE VI . INCORPORATOR: The name and address of the Incorporator is:	FH 9: 33	NESTR VISTR
Alfonso Garcia, Maximo Hermonegildo	ত্র	SHOL
7251 SW ZZ ST. Plane Fl 33155		

EIN: 99-4504795

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 B-16-2024

Registered Agent Date

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.

Information 8-110-2024