

P97000029942

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR -2 PM 1:16

4/02/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

10:30 AM

((H97000005391 2)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: ACE INDUSTRIES, INC.  
CONTACT: PAM FRIEDMAN  
PHONE: (305)358-2571

ACCT#: 070744001530

FAX #: (305)358-7832

NAME: LASERMEDICS, INC.  
AUDIT NUMBER.....H97000005391  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0 PAGES..... 4  
CERT. COPIES.....1 DEL.METHOD.. FAX  
EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:  
Menu: <Ctrl R-Shift>

2400 7E1

VT100

Online

5/4/2

H97-5391

ARTICLES OF INCORPORATION  
OF  
LASERMEDICS, INC.

THE UNDERSIGNED, for the purposes of forming a corporation, under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation.

ARTICLE ONE

The name of the Corporation is:

LASERMEDICS, INC.

ARTICLE TWO

The duration of the Corporation is perpetual.

ARTICLE THREE

The general purposes for which the Corporation is organized are the following:

- A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.
- B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

ARTICLE FOUR

The aggregate number of shares which the Corporation is authorized to issue is ONE THOUSAND (1000) SHARES of common stock. Such shares shall be of a single class and shall be of no (\$0) par value per share.

PREPARED BY:  
Oliver J. Langstadt, Esquire  
Rodriguez Langstadt & Aguero  
815 Ponce de Leon Blvd, #200  
Coral Gables FL 33134  
FL Bar #709580

FILED STATE  
SECRETARY OF CORPORATIONS  
97 APR -2 PM 1:16

H97-5391

497-5391

ARTICLE FIVE

The street address of the initial office of the Corporation is:

13135 N.W. 42nd Avenue  
Opalocka, FL 33054

The name of the initial Registered Agent is:

OLIVER J. LANGSTADT

The address of the Registered Agent is:

815 Ponce de Leon Blvd.  
Second Floor  
Coral Gables Florida 33134

ARTICLE SIX

The number of Directors constituting the initial Board of Directors is TWO (2). The number of Directors may be increased or decreased from time to time in accordance with the By-Laws, but shall never be less than one (1). The name and address of each initial Director/Officer of the Corporation is as follows:

Javier Laffont  
President/Treasurer  
13135 N.W. 42nd Avenue  
Opalocka, Florida 33054

Mercy Laffont  
Vice-President/Secretary  
13135 N.W. 42nd Avenue  
Opalocka, Florida 33054

ARTICLE SEVEN

The name and address of the incorporator is as follows:

Oliver J. Langstadt  
815 Ponce De Leon Blvd.  
Second Floor  
Coral Gables, Florida 33054

497-5391

H97-5391

ARTICLE EIGHT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE NINE

The Corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law.

ARTICLE TEN

The power to adopt, alter, amend and repeal the By-Laws shall be vested in the Board of Directors, but all alterations, amendments, and repeals must be approved by a majority of the Shareholders.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 1 day of APR ~~1997~~ 1997.

  
OLIVER J. LANGSTADT, Incorporator

H97-5391

H97-5391

STATE OF FLORIDA     )  
                              ) ss:  
COUNTY OF DADE     )

The undersigned Notary Public hereby certifies that the foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1997, by JAVIER LAFFONT who personally appeared before me at the time of notarization.

NOTARY PUBLIC-STATE OF FLORIDA

Sign \_\_\_\_\_

My commission expires:

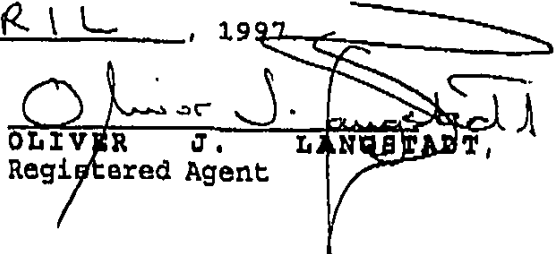
Print \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**ACCEPTANCE BY DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in the foregoing articles of incorporation, hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 1 day of APRIL, 1997

  
OLIVER J. LANGSTAFF,  
Registered Agent

4

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR -2 PM 1:16

H97-5391