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Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : MEDGUARD SERVICES INC.

Account Number : I19990000019

Phone : (305)389-2049

Fax Number : (305)220-7776

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Lilita Home

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
LILITA HOME INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
2461 West 72nd Place
Hialeah, Florida 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Caridad D. Barrial
2461 West 72nd Place
Hialeah, Florida 33010

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Caridad D. Barrial, President
2461 West 72nd Place
Hialeah, Florida 33010

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TALLAHASSEE, FLORIDA

Caridad D Barrial
Signature/Incorporator

07/28/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I 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

Caridad D Barrial
Signature/Registered Agent

07/28/99

Date

Arbena M. Sanchez
Medguard Services, Inc.
9274 S.W. 40th Street
Miami, Florida 33165

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