

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LOVING ALTERNATIVES, INC

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

RECEIVED  
99 OCT 28 AM 11:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
99 OCT 28 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900003027799--1  
-10/28/99--01038--025  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I: NAME**

The name of the corporation shall be

**LOVING ALTERNATIVES, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be

**20520 N.E. 13 CT.  
MIAMI, FLORIDA 33179**

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

**10,000 SHARES**

**FILED**  
99 OCT 28 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is

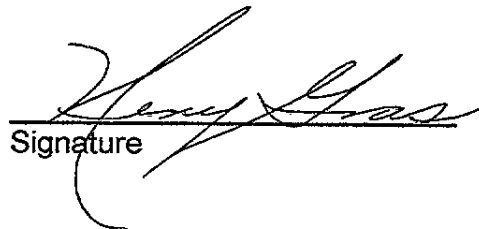
**20520 N.E. 13 CT.  
MIAMI, FL. 33179**

**ARTICLE V: INCORPORATORS**

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

**NERY GRAS  
20520 N.E. 13 CT.  
MIAMI, FL. 33179**

The undersigned incorporator has executed these Articles of Incorporation this 19<sup>th</sup> day of October, 1999.

  
Signature

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISION OF SECTION 607,0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION,  
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF  
FLORIDA.**

1. The name of the corporation is:

**LOVING ALTERNATIVES, INC.**

2. The name and address of the registered agent and office is:

**NERY GRAS  
20520 N.E. 13 CT.  
MIAMI, FL. 33179**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 OCT 28 PM 3:00

**FILED**

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

*Nery Gras*

10/26/1999