

P95000004407

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

200001367882  
-01724735--01017--038  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

(904) 385-6735

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

1. Unlimited Home Care, 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 type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 1:04

SPK

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
UNLIMITED HOME CARE, INC.

- I - NAME: The name of this corporation is:  
UNLIMITED HOME CARE, INC.
- II - DURATION: This corporation shall have perpetual  
existence, unless sooner dissolved in accordance with  
the laws of the State of Florida.
- III - PURPOSE: This corporation is organized for the purpose  
of transacting any and all business permitted under the  
laws of the United States and of the State of Florida.
- IV - CAPITAL STOCK: This corporation is authorized to issue  
----ONE THOUSAND---- (1000 ) shares of ----NO-- par value  
common stock, which shall be designated "Common Stock
- V - PREEMPTIVE RIGHTS: Every shareholder, upon the sale  
for cash of any new stock of this corporation of the  
same kind, class or series as that which he already  
holds, shall have the right to purchase his pro rata  
share thereof (as nearly as may be done without issuance  
of fractional shares) at the price at which it is  
offered to others.

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DIVISION OF CORPORATIONS  
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VI - INITIAL PRINCIPAL OFFICE, MAILING ADDRESS AND  
INITIAL REGISTERED OFFICE AND AGENT:

The street address of the initial principal and  
registered office of this Corporation is:

3149 N.W. 18TH STREET - MIAMI, FL 33125

and the name of the initial registered agent of this  
Corporation at that address is: MARILYN BARRIOS

VII - INITIAL BOARD OF DIRECTORS:

The Corporation shall have --TWO-- (02) --- director (s)  
initially. The number of directors may be either  
increased or diminished from time to time by the bylaws  
but shall never be less than ONE (1).

The name(s) and address(es) of the initial director(s)  
of this Corporation is (are):

MARILYN BARRIOS      15390 SW 46TH LANE - MIAMI, FL 33185  
                            President - 50% of total shares  
NIDIA C. URCUYO      3149 NW 18TH STREET - MIAMI, FL 33125  
                            Vice-President - 50% of total shares

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VIII - INDEMNIFICATION:

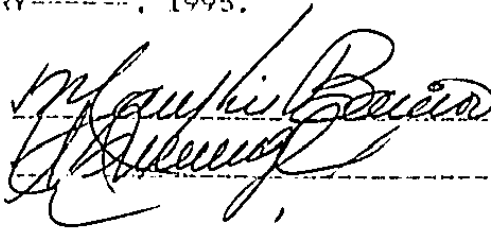
The Corporation shall indemnify any officer or director,  
or any former officer or director, to the full extent  
permitted by law.

IX - INCORPORATOR: The name(s) and address(es) of the person(s) signing these articles is (are):

MARILYN BARRIOS 15390 SW 45TH LANE - MIAMI, FL 33105

NIDIA C. URDUYO 3149 NW 18TH STREET - MIAMI, FL 33125

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IN WITNESS WHEREOF, the undersigned subscriber(s) has  
(have) executed these articles of incorporation this  
-12TH- day of ----JANUARY-----, 1993.

  
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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM  
SERVICE OF PROCESS MAY BE EFFECTIVE.

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In compliance with Section 607.034 of the Florida  
Statutes, the following is submitted:

UNLIMITED HOME CARE, INC.

desiring to organize or qualify under the laws of the State  
of Florida, with its principal place of business in the City  
of -----MIAMI-----, County of --DADE---, State of Florida,  
has named : MARILYN BARRIOS----- located at

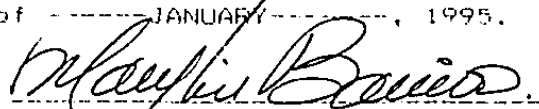
3149 N.W. 18TH STREET - MIAMI, FL 33125

City of ----MIAMI----, County of --DADE---, State of Florida  
as its agent to accept service of process within the State of  
Florida.

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ACKNOWLEDGEMENT

Having been named to accept service of process for the  
above mentioned Corporation, at the place designated in this  
Certificate, I hereby agree to act in this capacity, and  
further agree to comply with the provisions of all Statutes  
relative to the proper and complete performance of my duties.

Dated this --12TH-- day of ----- JANUARY -----, 1995.

  
Resident and registered agent  
Marilyn Barrios

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DIVISION OF CORPORATIONS  
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