

**P95000004494**

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

6000013886016  
 -01/24/95--01142--012  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

(904) 385-6735

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

1. R.P. CARE SERVICES 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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JAN 18 PM 2:57  
*Ray*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 17, 1995

LAZARUS

MIAMI, FL

SUBJECT: R.P. CARE SERVICES, INC.  
Ref. Number: W95000001147

We have received your document for R.P. CARE SERVICES, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 495A00001843

# ARTICLES OF INCORPORATION

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

R.P.CARE SERVICES, INC.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 2:57

## ARTICLE II PRINCIPAL OFFICE

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

14749 SW 90 Terra  
Miami, Fl 33196

## ARTICLE III SHARES

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

1 DOLLAR A SHARE ( 1000 shares )

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAUL PONCE  
280 West Park Dr # 204  
Miami, Fl 33172


ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RESIDENT  
RAUL PONCE  
280 West Park Dr # 204  
Miami, Fl 33172

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

12 day of January, 1925.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: R. P. CARE SERVICES, INC.

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

RAUL PONCE

(Name)


280 WEST PARK DR #204

(P.O. Box not acceptable)

MIAMI, FL. 33172

(City/State/Zip)

*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.*

X:   
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 2:57