

# A96000001770

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE 116  
Address

MIAMI, FL 33174 (305) 552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 SEP 25 PM 3:26

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Office Use Only

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

1. TO YOUR HEALTH, CORAL SPRINGS, LTD  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 200001962332  
-10/02/96--01012--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

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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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OFFICE OF CORPORATION

96 SEP 25 AM 10:58

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**TO YOUR HEALTH, CORAL SPRINGS, LTD.**

**Article I**

Name of Limited Partnership

The name of the Limited Partnership shall be TO YOUR HEALTH, CORAL SPRINGS, LTD.

**Article II**

Business Address

The business address for the Limited Partnership will be 10168 W. Sample Road, Coral Springs, Florida 33065.

**Article III**

Registered Agent and Address for Service of Process

The Registered Agent and Address for Service of Process shall be

Juan J. Rodriguez, Esq.  
Mesa, Rodriguez & Machado, P.A.  
1000 Brickell Avenue, Suite 660  
Miami, Florida 33131-3014

**Article IV**

Mailing Address

The mailing address for the Limited Partnership shall be 10168 W. Sample Road, Coral Springs, Florida 33065.

**Article V**

Existence

The latest date upon which the Limited Partnership is to be dissolved is December 31, 2016.

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**Article VI**  
General Partner

The name and address of the General Partner is:

*pg 6000 7236*  
American Wellness Centers, Inc.  
10168 W. Sample Road  
Coral Springs, Florida 33065

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TALLAHASSEE, FLORIDA

EXECUTED THIS 24 day of September, 1996.


American Wellness Centers, Inc.  
a Florida corporation,  
General Partner

By: 

Josephine Rodriguez  
Its President

**ACCEPTANCE OF REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and specifically Sections 620.105 and 620.108, Florida Statutes (1995), the undersigned hereby accepts appointment as Registered Agent on which process may be served within the State of Florida for the proposed Limited Partnership named in the foregoing Certificate of Limited Partnership.

  
Juan J. Rodriguez, Esq.  
Mesa, Rodriguez & Machado, P.A.  
1000 Brickell Avenue, Suite 660  
Miami, Florida 33131-3014  
Tel: (305) 377-1000  
Fax: (305) 377-1055

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of TO YOU HEALTH, CORAL SPRINGS, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$600.00. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$600.00.

UNDER PENALTIES OF PERJURY, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

AMERICAN WELLNESS CENTERS, INC.  
a duly formed Florida corporation, as  
General Partner

By: \_\_\_\_\_

  
Josephine Rodriguez  
Its President