

P/1500046492

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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RECEIVED
15 MAY 26 PM 3:29
TELEPHONE ROOM
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
LAZAROS MEDICAL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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05/27/15

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

LAZAROS MEDICAL INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3900 NW 79 AVE SUITE 476

DORAL FL 33166

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Osmani Gonzalez (P)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Osmani Gonzalez

3900 NW 79 AVE Suite 476

Doral FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Osmani Gonzalez

3900 NW 79 ave Suite 476

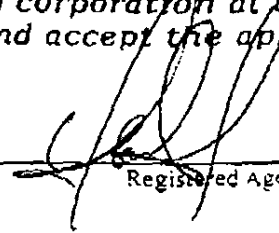
Doral FL 33166

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Required Signatures:

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

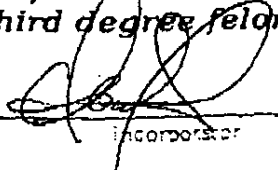


Registered Agent:

5/26/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator:

5/26/15

Date

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