

P23000042019

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.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LAZAROS EXPRESS CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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2ND REQUEST

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CORPORATIONS
COMMERCIAL
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Florida Department of State

Attention: New Filings Section

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To whom it may concern:

This is to advise that the owners of

LAZAROS EXPRESS Corp.

of Document # P19000033730

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Natacha Valdes
President

May. 22. 2023 4:56PM

MAGIC HANDS MEDICAL

No. 2602 P. 1

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Lazarus Eypress Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5473 Bishops Cir Apt B
Norcross, GA 30093-4488**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lazarus Torriente (P)

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TALLAHASSEE, FL

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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:

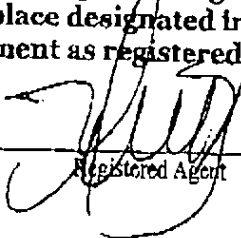
Natasha Valdes
6517 SW 112 pl
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Lazarus Torriente
5473 Bishops Cir Apt B
Norcross GA 30093-4488

May. 17. 2023 2:46PM MAGIC HANDS MEDICAL

No. 2593 P. 2

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

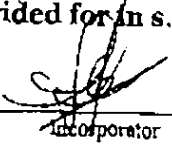


Registered Agent

5/16/2023

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

5/16/2023

Date

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