

P950000 1194

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

000001386390

-01/23/95--01013--001

****300.00 *****78.75

OFFICE USE ONLY

(904)385-6735

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

1. Hum Medical Equipment, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____

☐ 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

Examiner's Initials

TALLAHASSEE, FLORIDA

95 JAN -5 PM 3:26

DIVISION OF CORPORATION

95 JAN -5 PM 3:03

RECEIVED

RECEIVED

ARTICLES OF INCORPORATION

OF

HUM MEDICAL EQUIPMENT, INC.

FILED
95 JAN -5 PM 3:28
TALLAHASSEE, FLORIDA

The undersigned
the Florida Gene
Incorporation.

erator(s), for the purpose of forming a corporation under
poration Act, hereby adopt(s) the following Articles of

ARTICLE I NAME

The name of the Corporation shall be: HUM MEDICAL EQUIPMENT, INC.

The principal place of business of this corporation shall be: 1825 Ponce De Leon Blvd
182 Coral Gables Fl 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawfull activities or business
permitted under the laws of the United States, the State of Florida, or any other
state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is
authorized to have outstanding at any one time is: 100 Shares - 1.00 Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the inicial officer(s) and director(s), if any,
who shall hold office the first year of the corporation's existence or until their
successor(s) is(are) elected, is(are):

Humberto Reyes
1825 Ponce De Leon Blvd # 182
Coral Gables Fl 33134

President

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Humberto Reyes

1825 Ponce De Leon Blvd # 182
Coral Gables Fl 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30 day of December, 1994

Signature(s) of Incorporator(s)

X

STATE OF Florida
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this
30 day of December, 1994 by Humberto Reyes FDL #200-320-58-014-0
(Name of incorporator)
of HUM medical Equipment, Inc.
(Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)
ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607 325, 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 HUM MEDICAL EQUIPMENT, INC.

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

1825 Lonce De Leon Blvd # 182
(P O BOX NOT ACCEPTABLE)

Miami Florida 33134
(CITY/STATE/ZIP)

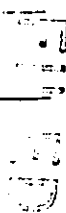
SIGNATURE [Signature]
(Corporate officer)

TITLE President

DATE 12-30-94

TALLAHASSEE, FLORIDA

55 JAN -5 PM 3:26



HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607 325, FLORIDA STATUTES.

SIGNATURE [Signature]

DATE 12-30-94

REGISTERED AGENT FILING FEE