

P95000006047

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

(904) 385-6735

OFFICE USE ONLY

8000001392528  
-01730/95--01030--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. JK Medical Equipment Suppliers, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 9:00

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☒ 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

Date

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re JK MEDICAL EQUIPMENT SUPPLIES, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

JK MEDICAL EQUIPMENT SUPPLIES, CORP.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
4315 N.W. 7th ST. SUITE 35		
MIAMI, FLORIDA 33126		
PHONE		
( 305 )	552-9831	
Area Code	Number	Ext.

# ARTICLES OF INCORPORATION

of

JK MEDICAL EQUIPMENT SUPPLIES, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

JK MEDICAL EQUIPMENT SUPPLIES, CORP.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JOHN J. ECHEVERRY		
ADDRESS	4315 N.W. 7th ST. SUITE 35		
CITY	MIAMI	FLORIDA	ZIP 33126

The principal office, if known, or the mailing address of the corporation is:

NAME	JK MEDICAL EQUIPMENT SUPPLIES, CORP.		
ADDRESS	4315 N.W. 7th ST. SUITE 35		
CITY	MIAMI	FLORIDA	ZIP 33126

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JOHN J. ECHEVERRY		PRESIDENT
ADDRESS	310 S.W. 50 AVE.		
CITY	MIAMI	STATE FLORIDA	ZIP 33134
NAME	KATIA J. PEREZ		VICE-PRESIDENT
ADDRESS	871 S.W. 124 COURT		
CITY	MIAMI	STATE FLORIDA	ZIP 33184
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JOHN J. ECHEVERRY		
ADDRESS	310 S.W. 50 AVE.		
CITY	MIAMI	STATE	FLORIDA ZIP 33134
NAME	KATIA J. PEREZ		
ADDRESS	871 S.W. 124 COURT		
CITY	MIAMI	STATE	FLORIDA ZIP 33184
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20 day of JANUARY, 1995

[Signature] (Seal)  
[Signature] (Seal)  
[Signature] (Seal)

STATE OF FLORIDA )  
COUNTY OF DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: JOHN J. ECHEVERRY and KATIA J. PEREZ

[Signature]  
Signature  
[Signature]  
Signature

FL DL P620 500657490

Form of Identification

FL DL E216 46063175-3

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY PUBLIC STAMP SEAL

OFFICIAL NOTARY SEAL  
JORGE BANOS  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC233211  
MY COMMISSION EXP. JAN. 14 1997

Witness my hand and official seal in the County and State last aforesaid this 20 day of JANUARY, 1995

[Signature]  
Notary Signature  
JORGE BANOS  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

JK MEDICAL EQUIPMENT SUPPLIES, CORP.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 4315 N.W. 7th ST. SUITE 35

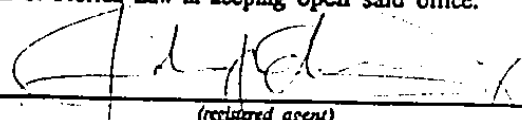
MIAMI, FLORIDA 33126

has named JOHN J. ECHEVERRY

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

FILED  
JUN 24 PM 1:29  
TALLAHASSEE, FLORIDA

P95000006047

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE 16  
(Address)

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

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

900001494979  
-05/19/95--01034--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

1. JK MEDICAL EQUIPMENT SUPPLY 9100 RE.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
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<input type="checkbox"/>	Other

RECEIVED  
55 MAY 16 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
55 MAY 15 AM 10:39  
DIVISION OF CORPORATION

RECEIVED  
55 MAY 16 PM 1:20  
DIVISION OF CORPORATION

5/16 Jon Amend

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 15, 1995

LAZARUS

MIAMI, FL

SUBJECT: JK MEDICAL EQUIPMENT SUPPLIES, CORP.  
Ref. Number: P95000006047

We have received your document for JK MEDICAL EQUIPMENT SUPPLIES, CORP. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The document must contain the address of the new registered agent and officer/director.

The document must be signed by a director if it was adopted by the directors.

It is not necessary to file the officer/director resignations attached, as the amendment will change the officers/directors. If you wish to file the resignations, you must submit each one separately with a check for \$35 each.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 695A00024915

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

JK MEDICAL EQUIPMENT SUPPLIES, CORP.

(present name)

FILED  
95 MAY 16 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**ARTICLE V - REGISTERED AGENT AND PRINCIPAL OFFICE**  
THE NEW NAME AND ADDRESS OF THE REGISTERED AGENT IS:  
JAVIER PENAS 947 S.W. 122 AVE., MIAMI, FL. 33104  
THE NEW PRINCIPAL ADDRESS IS:  
947 S.W. 122 AVE., MIAMI, FL. 33184

**ARTICLE VI - DIRECTOR** THE NEW NAME AND ADDRESS OF THE  
DIRECTOR IS: JAVIER PENAS 947 S.W. 122 AVE., MIAMI, FL. 33184

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 5/11/95

**FOURTH:** Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.



Signed this 11 day of MAY, 1995.

By

  
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR  
(A director or incorporator if adopted by the directors or incorporators)

JOHN J. ECHEVERRY

(Typed or printed name)

PRESIDENT / Director

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

MAY 11, 1995