

P95000007353

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Respondent's Name)

800 S.W. 87 AVENUE #10

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

(904) 385-6735

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

1. TOP CARE MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ 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 checked="" type="checkbox"/>	Other

1/27
Examiner's Initials

JUN 27 PM 2:53
JUN 27 PM 2:53
JUN 27 PM 2:53

CERTIFICATE OF INCORPORATION
OF
TOP CARE MEDICAL EQUIPMENT, INC.

The undersigned, each a natural person competent to contract, for the purpose of forming a corporation under the Laws of the State of Florida, hereby adopt (s) the following 'Article of Incorporation', for such corporation.

ARTICLE I - CORPORATE NAME:

The name of this corporation shall be :TOP CARE MEDICAL EQUIPMENT, INC.

ARTICLE II - NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the law of the STATE OF FLORIDA AND OF THE UNITED STATE OF AMERICA.

ARTICLE III - AUTHORIZED CAPITAL STOCK

The maximum numbers of share of stock that this corporation is authorize to have outstanding is FIVE HUNDRED SHARES (500) having a par value of \$ 1.00 per share.

ARTICLE IV - INITIAL CAPITAL

The amount of Capital with which this corporation will begin business shall be no less than FIVE HUNDRED DOLLARS (\$500.00).

ARTICLE V - OTHERS

THE CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED PURSUANT TO A PLAN UNDER SECTION 1244 OF THE INTERNAL REVENUE CODE. AND SUBSEQUENT CHANGES AND MODIFICATIONS . ALL OF THE STOCKS AND SECURITIES IN LIEU OF CASH OR AT JUST VALUATION TO BE DETERMINE BY THE BOARD OF DIRECTORS.

ARTICLE VI - TERM OF EXISTENCE

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VII INITIAL ADDRESS

THE INITIAL STREET ADDRESS IN THIS STATE OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE: *3940 WEST FLAGLER ST MIAMI FL 33134*

ARTICLE VIII - DIRECTORS

THE NUMBERS OF DIRECTORS OF THIS CORPORATION SHALL BE NO LESS THAN ONE.

THE NAME AND STREET ADDRESS (ES) OF EACH MEMBER OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

NAME	ADDRESS
FRANCISCO SOLANA	3940 WEST FLAGLER ST, MIAMI FL 33134

ARTICLE IX -SUSCRIBER (S)

THE NAME AND STREET ADDRESS OF EACH PERSON SIGNING THIS ARTICLES OF INCORPORATION AS A SUBSCRIBER ARE AS FOLLOWS:

FRANCISCO SOLANA.	3940 WEST FLAGLER ST, MIAMI FL 33134
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ARTICLE X - RESIDENT AGENT

THE NAME OF THE RESIDENT AGENT OF THIS CORPORATION AND THE STREET ADDRESS OF THE PLACE OF BUSINESS LOCATION FOR SERVICE PROCESS WITHIN THIS STATE IS: 3940 WEST FLAGLER ST MIAMI FL 33134

THE SAID RESIDENT AGENT SHALL SERVE UNTIL HIS SUCESSOR IS DESIGNATED BY THE BOARD OF DIRECTORS OF THE CORPORATION.

THE SAID RESIDENTE AGENT, ACCEPT THIS DESIGNATION AS RESIDENT AGENT AS EVIDENCE OF SIGNATURE BELOW, AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48.091, FS, RELATIVE TO ACCEPTING THIS OFFICE.


HAVING BEIN NAMED AS REGISTERED AGENT FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED.

I HEREBY ACCEPT THE APPOINTMENT AS REGISTER AGENT AND AGREE TO ACT IN THIS CAPACITY, BY SIGNING THIS DOCUMENT



FRANCISCO SOLANA

IN WITNESS WHEREOF, THE UNDERSIGNED (S) SUBSCRIBER (S)
INCORPORATOR (S); HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE, AND
CERTIFY THAT THE FOREGOING ARTICLES OF INCORPORATION ARE TRUE
AND CORRECT AND HAVE HERE UNTO SET OUR HAND (S) AND SEAL
THIS 25 Jan 1995.


Francisco Solana

STATE OF FLORIDA
COUNTY OF DADE, SS

BEFORE ME, THIS DAY PERSONALLY APPEARED:

FRANCISCO SOLANA.

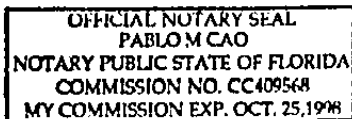
KNOWN TO ME TO BE THE PERSON (S) DESCRIBED IN, AND WHO
EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION AND
ACKNOWLEDGE BEFORE ME ; THAT HE (THEY) EXECUTED SAME
FREELY AND VOLUNTARILY FOR THE PURPOSE HEREIN STATED.

WITNESS MY HAND AND OFFICIAL SEAL AT;

MIAMI, DADE COUNTY, FLORIDA, THIS 25 OF Jan 1995

NOTARY PUBLIC OF THE STATE
OF FLORIDA, AT LARGE

MY COMMISSION EXPIRES:



MIAMI, FLORIDA

95 JUN 27 PM 2:53

FM 770