

P9500008506

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requester's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

600001398486

-02/06/95--01064--017

***122.50 ***122.50

OFFICE USE ONLY

(904) 385-6735

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

1. P & M MEDICAL SUPPLY'S 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 type="checkbox"/>	Other

FILED
95 FEB - 1 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL 32304

T. BROWN FEB - 1 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 31, 1995

LAZARUS

MIAMI, FL

SUBJECT: P & M MEDICAL SUPPLY'S INC.
Ref. Number: W95000002179

We have received your document for P & M MEDICAL SUPPLY'S INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 895A00004039

QF

~~XX~~

95 FEB -1 PM 3-52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P & M MEDICAL EQUIPMENT & SUPPLY, INC.

LESLIE PLAZA
13345 S. W. 42nd ST.
MIAMI, FL 33175
ARTICLE III CAPITAL STOCK

100 common shares

Yanet Pineda 50 common shares = Ursula C. Pineda 50 common shares

name and address of the initial registered agent is:
Yanet Pineda: 11780 S.W. 18TH ST. apt 306
MIAMI, FL 33175.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESIDENT VICE-PRESIDENT
Yanet Pineda & Ursula C. Pineda
11780 S.W. 18TH ST, apt 306
MIAMI, FL. 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of JANUARY, 1993.

x Yanet Pineda Signature

x Ursula Pineda Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

P & M MEDICAL EQUIPMENT & SUPPLY, INC.
1. The name of the corporation is: ~~XXXXXXXXXXXXXXXMEDICXXXXXXXXXXEQUIPMENTXXXXXXXXX~~

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

YANET PINEDA

LESLIE PLAZA (same)

13345 SW 42 St. (Eind Rd)

(P.O. Box not acceptable)

Miami, Florida 33175

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above 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 of my position as registered agent.

Janet Pineda
(Signature)

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL