

1-2304

P95000009316

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

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

1. C P M D M E CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 5:00 ☒ 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

55 FEB -3 PM 2:41

Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this Corporation is CPM DME CORP.

ARTICLE II, NATURE OF BUSINESS

CPM DME CORP. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of CPM DME CORP. is perpetual.

ARTICLE IV, CAPITAL STOCK

CPM DME CORP. is authorized to issued 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The Principle address of the initial registered office of CPM DME CORP. is:

7565 SW 153rd CT  
APT 102  
MIAMI, FL 33193

and the name of the initial registered agent of this corporation at this address is MARLENE CARBALLOSA.

RECEIVED  
FEB 3 1961  
FEB 3 1961

ARTICLES VI, INITIAL DIRECTORS

CPM DME CORP. shall have two (2) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

MARLENE CARBALLOSA  
7565 SW 153rd CT APT 102  
MIAMI, FL 33193

PRESIDENT  
DIRECTOR

ALBERTO R. GONZALEZ  
39 W 58th TERR  
HIALEAH, FL 33012

VICE-PRESIDENT  
DIRECTOR

ARTICLE VII, INCORPORATORS


The name and addresses of the incorporator of this corporation are:

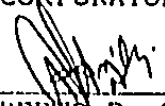
MARLENE CARBALLOSA  
7565 SW 153rd CT APT 102  
MIAMI, FL 33193

ALBERTO R. GONZALEZ  
39 W 58th TERR  
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 25th day of January 1995.

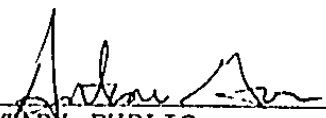
STATE OF FLORIDA )  
COUNTY OF DADE )

  
MARLENE CARBALLOSA  
INCORPORATOR

  
ALBERTO R. GONZALEZ  
INCORPORATOR

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared MARLENE CARBALLOSA AND ALBERTO R. GONZALEZ, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of January 1995.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:



ANTONIO GARCIA  
My Comm Exp. 1/09/99  
Bonded By Service Ins  
No. CC420891

☒ Personally Known ☐ Other I.D.

ACCEPTANCE OF APPOINTMENT


OF

REGISTERED AGENT


Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is: CPM DME CORP.

2. The name and address of the registered agent and office is:  
MARLENE CARBALLOSA  
7565 SW 153rd CT APT 102  
MIAMI, FL 33193

SIGNATURE   
TITLE PRESIDENT  
DATE January 25, 1995

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.

SIGNATURE   
DATE January 25, 1995

55 FEB -3 PM 2:41

P95000009316

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)385-6715

000001602940  
-10/06/95--01076--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

1. CPM DME CORP  
(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 type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input checked="" 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 OCT -6 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 OCT -6 PM 11:15  
DIVISION OF CORPORATIONS

Amend  
XCP  
10-6

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

CPM DME CORP.  
(present name)

FILED  
OCT-6 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLA.

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 delete)

**ARTICLE VI DIRECTORS**

CPM DME CORP. shall have two (2) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. the name and addresse of the director is:

MARLENE CARBALLOSA  
7565 SW 153rd CT APT 102  
MIAMI FL. 33193

PRESIDENT  
DIRECTOR

**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: 05/10/95.

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

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

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

X 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 100  
(voting group)

Signed this 5 day of Oct, 19, 95.

By [Signature]  
(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)

Marlene Carchallosa

(Typed or printed name)

President

(Title)



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 SEP 30 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009316

1. Corporate Name

CPM DME CORP.

Principal Place of Business

7565 SW 153 CT  
APT 102  
MIAMI FL 33193

Mailing Address

7565 SW 153 CT  
APT 102  
MIAMI FL 33193



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1900 Coral Way  
Suite Apt # etc  
# 200  
City & State  
MIAMI FL  
Zip  
33145 Country  
DADE

3. New Mailing Office Address, If Applicable

1900 Coral Way  
Suite Apt # etc  
# 200  
City & State  
MIAMI FL  
Zip  
33145 Country  
DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1995

5. FCI Number

65-0565105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (If Florida nonprofit corporations must list at least 3 directors)

| 1. Title | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip   |
|----------|--------------------------------------|--|---|
| PD       | CARBALLOSA, MARLENE                  | 7565 SW 153 CT APT 102   | MIAMI FL 33193  |
|          |                                      |  | 800001976678--3<br>-10/16/96--01046--005<br>****375.00 ****375.00 |
|          |                                      |  | REINSTATEMENT 9/6<br>A. Alan<br>9-30-96                           |

8. Name and Address of Current Registered Agent

CARBALLOSA, MARLENE  
7565 SW 153 CT  
APT 102  
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that the names of the individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P95000009316

Requestor's Name

Executive Management & Consultants Services, Inc.  
8100 W. 76th St., Suite 807  
Miami, Florida 33016

City/State/Zip

Phone #

Office Use Only

FILED  
97 SEP 26 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1. \_\_\_\_\_ (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 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                                 |

3100002305038--G  
-09/26/97--01090--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

10/2  
vs SEP 30 1997

Amend

FILED

97 SEP 26 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT  
TO

ARTICLES OF INCORPORATION  
OF

CPM DME CORP.

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

FIRST: Amendment adopted: ARTICLE IV - DIRECTORS is being amended and shall commence this change upon the date signed by the initial subscriber of the Articles of Incorporation. This amendment to these Articles of Incorporation will read as follows:

ARTICLE IV - DIRECTORS

CPM DME CORP. shall have two (2) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the director is:

Marlene Carballosa  
7565 SW 153rd Court  
Apt 102  
Miami, Florida 33193

President/Director

Christiane Martinez  
600 NE 36th Street  
Suite 1716  
Miami, Florida 33137

Vice President/Secretary

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:

No changes apply to Second paragraph.

THIRD: The date of amendment's adoption: This FIRST day of September, 1997.

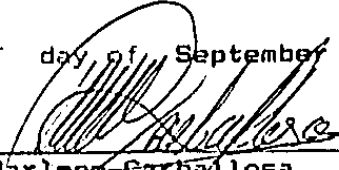
FOURTH: Adoption of Amendment(s)

*NR* 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 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 FIRST day of September , 1997 .

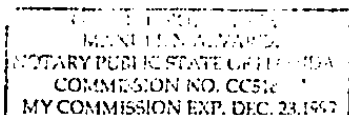
Signature

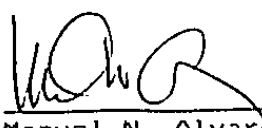
  
Marlene Carballosa  
President/Director

STATE OF FLORIDA  
COUNTY OF DADE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and country aforesaid, this FIRST day of September , 1997 .

My Commission expires:



  
Manuel N. Alvarez  
Notary Public  
State of Florida