# P95000011596

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 OFFICE USE ONLY (904)385-6735 CORPORATION NAME(s) & DOCUMENT NUMBER(s) (if known): -02/16/35--01002--022 400001407384 ++\*\*122.5U ++\*+122.50 1. MEDICAL NECESSITY SERVICE JNC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILNGS REGISTRATION/ QUALIFICATION **Annual Report** Foreign

Limited Partnership

Reinstatement Trademark

Other

Examiner's Initials

Fictitious Name

Name Reservation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

# CERTIFICATE OF INCORPORATION

OF

95 FEB 10 PM 2:07

# MEDICAL NECESSITY SERVICE INC.

We, the undersigned incorporator(s), hereby associate ourselves together for the purpose of forming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of a incorporation for profit.

### ARTICLE I

The name of the corporation shall be: MEDICAL NECESSITY SERVICE INC.

### **ARTICLE II**

The corporation may engage in any activity or business permitted under the laws of the State of Florida and of the United States of America.

### ARTICLE III

The maximum shares which the Corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock, which shares shall be of \$1.00 par value.

All stock is to be issued as fully paid and exempt from assessment.

### **ARTICLE IV**

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

### **ARTICLE V**

The amount of capital with which this corporation may begin doing business shall be not less than FIVE HUNDRED DOLLARS (500.00).

### **ARTICLE VI**

This existence of the corporation is perpetual.

### ARTICLE VII

The initial post office of the principal office of the corporation in the State of Florida is:

1087 SW 131 AVE., MIAMI, FL 33184

### **ARTICLE VIII**

The business of the corporation shall be managed by a Board of Directors consisting of not be less than one director. The names and post office addresses of the members of the first Board of Directors, and slate of corporate officers, who subject to the provisions of the Certificate of Incorporation, the By-Laws and the acts of legislature, shall hold office for the first year of the Corporation's existence, or until their successors are elected and shall be duly qualified, are:

Name

Title

Address

ILEANA PINEIRO PRESIDENT/DIRECTOR

1087 SW 131 AVE. MIAMI, FL 33184

### **ARTICLE IX**

The corporation shall have the further right and power to, from time to time, determine whether and to what extend, regulations the accounting books of this Corporation, other than the stock book, or any of them, shall be open to the inspection of the stockholders, and no stockholders shall have any right of inspections any account book or document of this Corporation, except as conferred by status, unless authorized by resolution of the stockholders or Board of Directors. The Corporation, in its By-laws confers powers upon its Board of Directors or Officers, in addition to the foregoing and in addition to the powers authorized and expressly conferred by Status. Both stockholders and Directors shall have the power, if the By-laws so provide, to hold their respective meeting and to have one or more offices, within or without the State of Florida, and to keep the books of this Corporation subject to the provisions of the statute outside the State of Florida at such places as may from time to time be designated by the Board of Directors.

### **ARTICLE X**

The Corporation shall have power to purchase or otherwise acquire, directly and/or through ownership of stock in any corporation, all or any part of the business, goodwill, rights, preperty and assets of any individual, and to pay for the same in cash with the stock of this corporation, bonds or otherwise, and to hold or in any manner dispose of the whole or any part of the property so purchased, or to conduct in any lawful manner the whole or any part of the business so acquired, provided that such business is within the authorization of the laws of the State of Florida, and any Acts amendatory there to; and to exercise all the powers necessary or convenient in or about the conducting and management of such business.

We, the undersigned, being each and all of the original incorporator(s) for the purpose of forming a corporation for profit to do business, subscribe, acknowledge and do respectively agree to abide by the Articles as herein stated.

Subscribed at Miami, Dade County, Florida, this gray day of Jebrary	, 19 <u>95</u>
7),	
ILEANA PINEIRO	

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Sections 607.0501 and 607.0505, Florida Statutes, the following is submitted:

That MEDICAL NECESSITY SERVICE INC. is qualified to do business under the laws of the State of Florida, with its principal office at

1087 SW 131 AVE. MIAMI, FL 33184

and has appointed:

ILEANA PINEIRO 1087 SW 131 AVE Miami, FL 33184

as its agent to accept service of process within Florida.

## **ACKNOWLEDGMENT**

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 to act in this capacity and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

(REGISTERED AGENT)

(DATE)