

P95000013373

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

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DIVISION OF CORPORATIONS
95 FEB 16 PM 2:34

(904) 385-6735

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

1. LAZARUS CORPORATE INDUSTRIES, INC.
2. LAZARUS CORPORATE INDUSTRIES, INC.
3. LAZARUS CORPORATE INDUSTRIES, INC.
4. LAZARUS CORPORATE INDUSTRIES, INC.

1. L. I. D. Medical Office, 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

Examiner's Initials

2-16
KON

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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---1---

CERTIFICATE OF INCORPORATION

OF

L. & D. MEDICAL OFFICE, INC.

I (We) the undersigned, do to hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions

*****ARTICLE ONE*****

The name of the corporation shall be:

THE NAME OF THE CORPORATION SHALL BE

L. & D. MEDICAL OFFICE, INC.

*****ARTICLE TWO*****

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

*****ARTICLE THREE*****

.. The maximum number of shares of stock which the corporation shall have outstanding at any time, shall be Five Hundred (500) of stocks which shall be common stocks par value of One (\$1.00) Dollar per share.

All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at true value thereof.

*****ARTICLE FOUR*****

This corporation shall begin business with a minimum capital of the amount of Five Hundred (500) Dollars

*****ARTICLE FIVE*****

This corporation shall have perpetual existence.

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*****ARTICLE SIX*****

The principal office of the corporation shall be located at:

10710 S.W. 68TH STREET
MIAMI, FL 33173

Other office for the transaction of business may be located wherever the Directors may deem necessary or expedient.

*****ARTICLE SEVEN*****

The business of the corporation shall be managed by a Board of Directors, who need not be stockholders of the corporation. The number of Directors, not less than one, shall be fixed by resolution or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

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*****ARTICLE EIGHT*****

The names and post office addresses of the members of the Board of Directors and the officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS:	NAME	ADDRESS
.PRESIDENT	LYDIA LUKAESKO	10710 S.W. 68TH STREET MIAMI, FL 33173
SEC. TREASURER	DEBORAH GIL	8101 S.W. 15TH STREET MIAMI, FLORIDA

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*****ARTICLE NINE*****

The name and post office addresses of each of the subscribers to this certificate of Incorporation and the number of shares of stock which each subscriber agrees to take, are as follows:

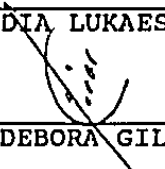
SUBSCRIBERS:

NAME	ADDRESS	NO. OF SHARE
LYDIA LUKAESKO	10710 S.W. 68TH ST MIAMI, FL 33173	250
DEBORA N. GIL	8101 S.W. 15TH STREET MIAMI, FLORIDA	250

SUBSCRIBERS SIGNATURES:



LYDIA LUKAESKO



DEBORA GIL

*****ARTICLE TEN*****

This corporation shall have full power to carry on and transact each of all of the business enumerated in Article Two of the Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

*****ARTICLE ELEVEN*****

This corporation shall have the power to issued the whole or any part determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until thereof shall have been paid.

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*****ARTICLE TWELVE*****

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law on this certificate otherwise any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of stockholders holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided by the by-laws of the Board of Directors.

All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof

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*****ARTICLE THIRTEEN*****

The corporation does hereby designate to the following address
as its principal office:

. 10710 S.W. 68TH STREET
. MIAMI, FLORIDA 33173

. The corporation does hereby designate:

. AS ITS RESIDENT AGENT:

.. LYDIA LUKAESKO

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STATE OF FLORIDA)
COUNTY OF DADE)
SS

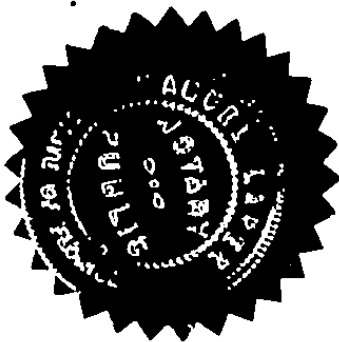
BEFORE ME, the undersigned authority, duly authorized to
administer oaths and take acknowledgements, personally appeared:

LYDIA LUKAESKO

who, after being by me first duly sworn, executed the foregoing
Certificate of Incorporation, freely and voluntarily for the
purpose therein expressed.

IN WITNESS WHEREOF, I have hereto set my hand and official seal
at Miami, said county and State:


Notary Public, State of Florida at Large



MANUEL LOPEZ
My Comm Exp. 8/02/96
Bonded By Service Ins
No. CC219188
☐ Personally Known ☐ Other L.A.

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

In pursuance of Chapter 48.091, Florida Statutes, the following
is submitted, in compliance with said act:

LYDIA LUKAESKO

desiring to organize under the Laws of the state of FLORIDA
with its principal office, as indicated in the Articles of
Incorporation at:

STATE OF FLORIDA AS NAME AS L. & G. MEDICAL OFFICE, INC. LOCATED
AT 10710 S.W. 68TH STREET, MIAMI, FLORIDA 33173, COUNTY OF DADE
AS ITS AGENT TO ACCEPT SERVICES OF PROCESS THIS STATE.

ACKNOWLEDGEMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS
FOR THE ABOVE STATED CORPORATION, AT PLACE DESIGNATED IN THIS
CERTIFICATE y HEREBY ACCEPT TO ACT IN THIS CAPACITY AND AGREE
TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING
OPEN SAID OFFICE.


DESIGNATED AGENT