

P950000/5235-

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

OFFICE USE ONLY

TALLAHASSEE, FLORIDA

ISSUED FEB 23 PM 2:00

FILED

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

1. L & N BILLING PLUS INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

900001415838  
02/27/95 01025--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- ☒ 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

RECEIVED  
25 FEB 23 PM 11:43  
DIVISION OF CORPORATION

2/23/95

ARTICLES OF INCORPORATION

OF

FILED

1995 FEB 23 PM 2:00

L & N BILLING PLUS INC.

TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be: L & N Billing Plus INC.

The principal place of business of this corporation shall be: 6459 SW 29 st  
Miami, FL 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 Shares - 1.00 Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Nury Figueredo  
6459 SW 29 st  
Miami, FL 33155

President

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Nury Figueredo

6459 SW 29 st  
Miami, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 21 day of February, 1995

Signature(s) of Incorporator(s)

*Nury Figueredo*  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF Florida  
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 21 day of February, 1995 by Nury Figueredo F L Lic No: F263-620-60-929  
(Name of incorporator)

of L & N Billing Plus  
(Name of Corporation)

Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)  
ARTICLES OF INCORPORATION FILING FEE:

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

Pursuant to the provisions of Section 607.325, 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

FILED  
1995 FEB 23 PM 2:00  
TALLAHASSEE, FLORIDA

1 The name of the corporation is: L & N Billing Plus Inc.

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

Nury Figueredo

6459 SW 29 st

(P O BOX NOT ACCEPTABLE)

Miami, FL 33155

(CITY/STATE/ZIP)

SIGNATURE *Nury Figueredo*

(Corporate officer)

TITLE President

DATE 02/21/1995

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Nury Figueredo*

DATE 02/21/1995

REGISTERED AGENT FILING FEE.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000015235**

1. Corporation Name

**L & N BILLING PLUS INC.**

Principal Place of Business

**6450 SW 29 STREET  
MIAMI FL 33155**

Mailing Address

**6450 SW 29 STREET  
MIAMI FL 33155**

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *96*

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/23/1995**

5. FEI Number

**65-0559124**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	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	FIGUERO, NURY	6450 SW 29 STREET	MIAMI FL 33155

**000002000230--9  
-11/08/96--01041--012  
\*\*\*375.00 \*\*\*375.00**

8. Name and Address of Current Registered Agent

**FIGUERO, NURY  
6450 SW 29 STREET  
MIAMI FL 33155**

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 *X*

*[Signature]*

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **09-19-96**

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 all fees owed by the corporation have been paid and the names of 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: *X* *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09-19-96**

Daytime Phone #

CR2040 (7/96)