

P95000015622

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

900001415829  
-02/27/95--01035--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

(904)385-6735

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

1. STAR BEST MEDICAL EQUIPMENT SUPPLY, 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 21 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc 2/24/95  
Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**Star Best Medical Equipment Supply, Inc.**

**FILED**

95 FEB 24 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I, NAME**

The name of the corporation shall be: Star Best Medical Equipment Supply, Inc.

**ARTICLE II, PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

814 Ponce deLeon Blvd. Suite 302  
Coral Gables, Fl. 33134

**ARTICLE III, CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at anytime is: Fifty (50) Shares @ \$10.00 par value, having an aggregate value of \$500.00—  
( Five Hundred Dollars and 00/100 )-----

**ARTICLE IV, INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Juan Hernandez  
814 Ponce deLeon Blvd. Suite 302  
Coral Gables, Fl. 33134

Article V, Incorporator(s)

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

Juan Hernandez  
814 Ponce deLeon Blvd. Suite 302  
Coral Gables, Fl. 33134

Article VI, Officers and Directors

The name(s) and street address(es) of the Board of Directors and Officers of this corporation is (are):

Juan Hernandez  
814 Ponce deLeon Blvd. Suite 302  
Coral Gables, Fl. 33134

The undersigned has (have) executed these Articles of Incorporation this 22nd day of  
February, 19 95.

  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**Certificate of Designation**  
**Registered Agent/Registered Office**

**FILED**

95 FEB 24 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provision 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 agent/registered office, in the State of Florida.

1. The name of the Corporation is: Star Best Medical Equipment Supply, Inc.

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

Juan Hernandez  
814 Ponce deLeon Blvd. Suite 302  
Coral Gables, Fl. 33134

Signature

  
(Corporate Officer)

Title

President

Date

February 22, 1995

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and 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

  
Date

February 22, 1995