

P95000017609

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

55 MAR -3 PM 1:34
STATE
OPERATIONS

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

1. Micro Medical Equipment, Inc.
(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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3-3
KAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF

95 MAR -3 PM 1:34

MEGA MEDICAL EQUIPMENT RENTALS, INC.

The under signed hereby agrees to organized a corporation in accordance with Chapter 607, Florida Statute (the "Florida General Corporation Act") as follow:

ARTICLE I. NAME

The name of the Corporation is:
MEGA MEDICAL EQUIPMENT RENTALS, INC.

ARTICLE II. CORPORATE EXISTENCE

The existence of the Corporation shall be perpetual comencing upon the filing of the Article of Incorporation unless dissolved according to law.

ARTICLE III. NATURE OF BUSINESS

The general nature of business is primarily to engage in General business and any activity, business or enterprise permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the Corporation shall have authority to issue and have outstanding at any one time is One Thousand (1,000) shares of common stock. One (\$1.00) Par Value.

No shareholder of the corporation shall enter into a voting trust agreement of any other type of agreement vesting another person with the authority to exercise the voting power of any or all of these stocks.

ARTICLE V. INITIAL OFFICE

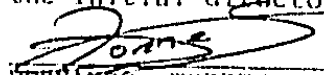
The initial address of the principal office of the Corporation shall be.

85 N.W. 47th AVENUE #9
MIAMI, FLORIDA 33126

ARTICLE VI. DIRECTORS

The number of directors constituting the initial board of directors shall be One (1). The number of directors may increase or decrease as provided by the Bylaws of the Corporation in the manner provided by the law.

The names and addresses of the person(s) who shall serve as the initial directors are:


FERNANDO TORRES

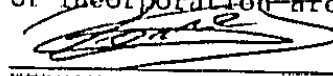
8887 FONTAINBLEAU BLVD. #107
MIAMI, FLORIDA 33172


OVIDIO ORAMAS

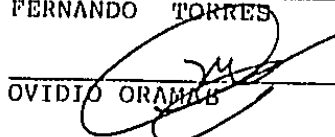
85 N.W. 47th AVE. #9
MIAMI, FLORIDA 33126

ARTICLE VII. INCORPORATORS

The name and address of the incorporators of these Articles of Incorporation are:


FERNANDO TORRES

8887 FONTAINBLEAU BLVD. #107
MIAMI, FLORIDA 33172


OVIDIO ORAMAS

85 N.W. 47th AVE. #9
MIAMI, FLORIDA 33126

ARTICLE VIII. REGISTERED AGENT

Pursuant to the provisions of section 607.0501 or 617.0501, 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.

The name and address of the initial Registered Agent of the Corporation is :

OVIDIO ORAMAS
85 N.W. 47th AVE. #9
MIAMI, FLORIDA 33126

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 to 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 _____

The board of Directors may, from time to time, move the Registered office of the Corporation to any other address in the State of Florida.

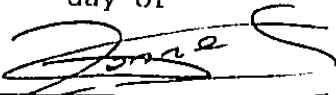
ARTICLE IX. PREEMPTIVE RIGHTS

Every shareholder shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) of any or all the shares previously issued, and/or any new issue of stocks for cash of this corporation at the price at which it is offered to other.

ARTICLE X. INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director pursuant to the provisions of section 607.014 of the Florida Statutes, as amended.

IN WITNESS WHEREOF, The Incorporators have signed these Articles of Incorporation this day of 1995.


FERNANDO TORRES


OVIDIO GRAMAS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #

P95000017609

1 Corporation Name

MEGA MEDICAL EQUIPMENT RENTALS, INC.

97 JUL -9 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

5755 W FLAGLER ST SUITE 202
MIAMI, FLORIDA 33144

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

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified To Do Business in Florida

3-3 95

5 FEI Number

65-0561148

Applied For

Not Applicable

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 (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ELDA ZOA ALFONSO	30720 SW 154 AVENUE	HOMESTEAD FL. 33030
VP/D	FERNANDO TORRES	APT 106 8897 FOUNTAINBLEU BLVD	MIAMI, FL. 33172
			700002233917--0 -07/03/97--01055--022 *****880.00 *****880.00
			500002223855--3 -07/03/97--01039--016 *****35.00 *****35.00

REINSTATEMENT 1996-1997

8. Name and Address of Current Registered Agent

OVIDIO ORAMAS
85 NW 47th AVENUE
MIAMI, FL. 33126

9. Name and Address of New Registered Agent

Name
FERNANDO TORRES
Street Address (P.O. Box Number is Not Acceptable)
8897 FOUNTAINBLEU BLVD # 106
Suite, Apt. #, Etc.
APT # 106
City
MIAMI
State
FL
Zip Code
33172

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 7-8-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Torres

7-8-97

Date

(305) 267-3366

Daytime Phone