

P95000022294

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 20 PM 2:23

(904) 385-6735

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

1. HEALTH CARE QUALITY, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:00

☒ 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

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-03/24/95--01023--011
****122.50 ****122.50

Examiner's Initials

3-20
KAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

CERTIFICATE OF INCORPORATION
OF:

HEALTH CARE QUALITY, 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:

. HEALTH CARE QUALITY, 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 ONE HUNDRED DOLLAR (100) 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 a true value thereof.

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

This corporation shall begin business with a minimum capital of the

amount of ONE HUNDRED DOLLARS (100).

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

This corporation shall have perpetual existence.

---3---

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

The principal office of the corporation shall be located at:

13529 SW 8TH LANE
MIAMI, FL. 33184

Other office for the transaccion 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 to be stockholders of the corporation.
The number of Directors, not less than one, shall be fixed by
resolution of the stockholders at any regular or special meeting,
subject to manner of holding such meetings prescribed by the by-
laws.

---4---

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

The name and post office addresses of the members of the First 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:

PRESIDENT: *Marta Fuentes*

NAME: MARTA FUENTES
ADDRESS: 13529 SW 8TH LANE
MIAMI, FL. 33184

SECRETARY:

NAME:
ADDRESS:

---5---

*****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: MARTA FUENTES

ADDRESS: 13529 SW 8TH LANE
MIAMI, FL. 33184

NO. OF SHARES: 100

SIGNATURES: Marta Fuentes _____

*****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.

---6---

*****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 provided

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 be 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.

---7---

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

The corporation does hereby designate to the following address
as its principal office: 13529 SW 8th LANE
MIAMI, FL. 33184

The corporation does hereby designate

. MARTA FUENTES

AT ITS RESIDENT AGENT

✓ *Marta Fuentes*

MARTA FUENTES

---B---

STATE OF FLORIDA)

COUNTY OF DADE

BEFORE ME, the undersigned authority, duly authorized to
administer ,

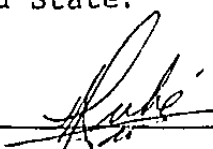
oaths and take acknowledgments, personally appeared:

. MARTA FUENTES

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:



MARIA JUHE
Notary Public, State of Florida
My Comm. expires June 7, 1997
No. CC202734

Notary Public, State of Florida at Large

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

Pursuant to the provisions of sections 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.

1. The name of the corporation is HEALTH CARE QUALITY, INC.

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

MARTA FUENTES
(NAME)

13529 SW 8TH LANE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33184
(CITY/STATE/ZIP)

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 AND 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 *Marta Fuentes*

DATE 3/12/98

REGISTERED AGENT FILING FEE: \$35.00

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- ☒ Walk in ☒ Pick up time 5:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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<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	
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<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
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Examiner's Initials

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DIVISION OF CORPORATIONS

95 MAR 20 PM 2:23

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The number of Directors, not less than one, shall be fixed by
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The name and post office addresses of the members of the First Board of Directors and the officers who shall hold office for the first year of existence of the corporation or until their successors

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BOARD OF DIRECTORS:

PRESIDENT: ✓ *Marta Fuentes*

NAME: MARTA FUENTES
ADDRESS: 13529 SW 8TH LANE
MIAMI, FL. 33184

SECRETARY:

NAME:
ADDRESS:

---5---

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SUBSCRIBERS: _____

NAME: MARTA FUENTES

ADDRESS: 13529 SW 8TH LANE
MIAMI, FL. 331

NO. OF SHARES: 100

SIGNATURES: Marta Fuentes _____

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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 be 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

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. MARTA FUENTES

AT ITS RESIDENT AGENT

✓ Marta Fuentes
MARTA FUENTES

---8---

STATE OF FLORIDA)

COUNTY OF DADE

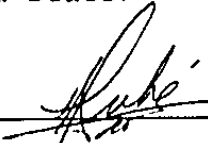
BEFORE ME, the undersigned authority, duly authorized to administer

oaths and take acknowledgments, personally appeared:

. MARTA FUENTES

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:



MARIA JUHE
Notary Public, State of Florida
My Comm. expires June 7, 1997
No. CC292734

Notary Public, State of Florida at Large

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MARTA FUENTES
(NAME)

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SIGNATURE Marta Fuentes

DATE 3/17/95

REGISTERED AGENT FILING FEE. \$35.00