

P950000 22736

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #10

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

(904)385-6735

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

1. GOLDEN HEALTH CARE GROUP, 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

200001438562  
-03/24/95--01028--009  
\*\*\*\*122.50 \*\*\*\*122.50

CR2E031(9/92)

Examiner's Initials

3-21

CERTIFICATE OF INCORPORATION  
OF

GOLDEN HEALTH CARE GROUP, INC

The undersigned, each a natural person competent to contract, for the purpose of forming a Corporation under the Laws of the State of Florida hereby adopt (s) the following Article of Incorporation for such corporation.

ARTICLE I - CORPORATE NAME:

The name of this Corporation shall be: GOLDEN HEALTH CARE GROUP, INC

ARTICLE II - NATURE OF BUSINESS:

The Corporation may engage in any activity or business permitted under the law of the United States of America and of the STATE OF FLORIDA.

ARTICLE III- AUTHORIZED CAPITAL STOCK

The maximum numbers of share of stock that this corporation is authorize to have outstanding is FIVE HUNDRED SHARES (500) having a par value of \$ 1.00 per share.

ARTICLE IV INITIAL CAPITAL:

The amount of Capital with which this Corporation will begin business shall be no less than FIVE HUNDRED DOLLARS ( \$500.00)

ARTICLE V - OTHERS

THE CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED PURSUANT TO A PLAN UNDER SECTION 1244 OF THE INTERNAL REVENUE CODE. AND SUBSEQUENT CHANGES AND MODIFICATIONS . ALL OF THE STOCKS AND SECURITIES IN LIEU OF CASH OR AT JUST VALUATION TO BE DETERMINE BY THE BOARD OF DIRECTORS.

ARTICLE VI - TERM OF EXISTENCE

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VII INITIAL ADDRESS

THE INITIAL STREET ADDRESS IN THIS STATE OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE: 1246 NW 32 PL MIAMI FL 33125

ARTICLE VIII - DIRECTORS

THE NUMBERS OF DIRECTORS OF THIS CORPORATION SHALL BE NO LESS THAN ONE.  
THE NAME AND STREET ADDRESS (ES) OF EACH MEMBER OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

NAME	ADDRESS
HUGO GRALIA	1246 N.W. 32 PL, MIAMI FL 33125

ARTICLE IX -SUSCRIBER (S)

THE NAME AND STREET ADDRESS OF EACH PERSON SIGNING THIS ARTICLES OF INCORPORATION AS A SUBSCRIBER ARE AS FOLLOWS:

HUGO GRALIA	1246 N.W. 32 PL, MIAMI, FL. 33125
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**ARTICLE X - RESIDENT AGENT**

**THE NAME OF THE RESIDENT AGENT OF THIS CORPORATION AND THE STREET ADDRESS OF THE PLACE OF BUSINESS LOCATION FOR SERVICE PROCESS WITHIN THIS STATE IS: 1246 N.W. 32 PL. MIAMI FL. 33125**

**THE SAID RESIDENT AGENT SHALL SERVE UNTIL HIS SUCCESSION IS DESIGNATED BY THE BOARD OF DIRECTORS OF THE CORPORATION.**

**THE SAID RESIDENT AGENT, ACCEPT THIS DESIGNATION AS RESIDENT AGENT AS EVIDENCE OF SIGNATURE BELOW, AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48.091, FS, RELATIVE TO ACCEPTING THIS OFFICE.**

**HAVING BEEN NAMED AS REGISTERED AGENT FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED.**

**I HEREBY ACCEPT THE APPOINTMENT AS REGISTER AGENT AND AGREE TO ACT IN THIS CAPACITY, BY SIGNING THIS DOCUMENT.**

  
HUGO GRALIA

IN WITNESS WHEREOF, THE UNDERSIGNED (S) SUBSCRIBER (S)  
INCORPORATOR (S); HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE, AND  
CERTIFY THAT THE FOREGOING ARTICLES OF INCORPORATION ARE TRUE  
AND CORRECT AND HAVE HERE UNTO SET OUR HAND (S) AND SEAL  
THIS   MARCH 17, 1995  

  
HUGO GRALIA

STATE OF FLORIDA  
COUNTY OF DADE, SS

BEFORE ME, THIS DAY PERSONALLY APPEARED:

HUGO GRALIA

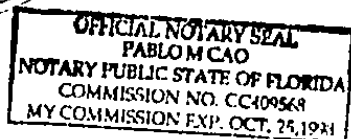
KNOWN TO ME TO BE THE PERSON (S) DESCRIBED IN, AND WHO  
EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION AND  
ACKNOWLEDGE BEFORE ME ; THAT HE (THEY) EXECUTED SAME  
FREELY AND VOLUNTARILY FOR THE PURPOSE HEREIN STATED.

WITNESS MY HAND AND OFFICIAL SEAL AT;

MIAMI, DADE COUNTY, FLORIDA, THIS   17   OF   MARCH   1995       

NOTARY PUBLIC OF THE STATE  
OF FLORIDA, AT-LARGE

MY COMMISSION EXPIRES:



P95000022736

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE, SUITE 16

(Address)

MIAMI, FLORIDA 33174 (305) 552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904) 385-6715

OFFICE USE ONLY

900001566889

-08/23/95--01021--013

\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

1. Golden Health Care Group, Inc.  
(Corporation Name) (Document #)
2. Amend  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 AUG 15 PM 3:29  
RECEIVED  
95 AUG 15 AM 11:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
JUN 15 PM 3 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GOLDEN HEALTH CARE GROUP, INC.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

See Attached

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: August 10th., 1995

**FOURTH:** Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

*[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]*

The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_  
(voting group)

(continued)

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF:  
Golden Health Care Group, Inc.

Amendment(s) Adopted:

Article VII - Initial Address

Delete Old Address: 1246 N.W. 32 Place  
Miami, Florida 33125

Add new Address: 8364 S.W. 8th Street  
Miami, Florida 33144

Signed this 10 day of August, 19, 95.

By [Signature]

(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

Or  
(A director or incorporator if adopted by the directors or incorporators)

Hugo Gralia

(Typed or printed name)

President

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

DATE 8/10/95