

P95000027051

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:44

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
890 S.W. B7 AVENUE, SUITE 116
(Address)
MIAMI, FLORIDA 33174 (305) 552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904) 385-6735

OFFICE USE ONLY

400001450384
-04/07/95--01033--002
****122.50 ****122.50

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

1. RUBY MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☒ 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 | |

Examiner's Initials

4-5
KON

FILED
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ARTICLES OF INCORPORATION

ARTICLE I. NAME

The name of this Corporation is RUBY MEDICAL EQUIPMENT, INC.

ARTICLE II. NATURE OF BUSINESS

RUBY MEDICAL EQUIPMENT, INC. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III. TERM OF EXISTENCE

The duration of RUBY MEDICAL EQUIPMENT, INC. is perpetual.

ARTICLE IV. CAPITAL STOCK

RUBY MEDICAL EQUIPMENT, INC. is authorized to issued 100 shares of common stock, par value \$1.00 per share.

ARTICLE V. ADDRESS

The Principle address of the initial registered office of RUBY MEDICAL EQUIPMENT, INC. is:

2970 W FLAGLER ST
MIAMI, FL 33135

and the name of the initial registered agent of this corporation at this address is DOLORES RODRIGUEZ.

ARTICLES VI. INITIAL DIRECTORS

RUBY MEDICAL EQUIPMENT, INC. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

DOLORES RODRIGUEZ
2970 W FLAGLER ST
MIAMI, FL 33135

PRESIDENT/SECRETARY
DIRECTOR

ARTICLE VII. INCORPORATORS

The name and addresses of the incorporator of this corporation are:

DOLORES RODRIGUEZ
2970 W FLAGLER ST
MIAMI, FL 33135

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 15th day of March 1995.

STATE OF FLORIDA)
COUNTY OF DADE)

Dolores Rodriguez
DOLORES RODRIGUEZ
INCORPORATOR

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared DOLORES RODRIGUEZ, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 15th day of March 1995.

Antonio Garcia
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:



ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891
☐ Personally Known



ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891
☐ Personally Known ☒ Other ID

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ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

Pursuant to the provisions of section 607.0501, 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: RUBY MEDICAL EQUIPMENT, INC.

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

DOLORES RODRIGUEZ

2970 W FLAGLER ST

MIAMI, FL 33135

SIGNATURE Dolores Rodriguez
TITLE PRESIDENT
DATE March 15, 1995

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 Dolores Rodriguez
DATE March 15, 1995