

P95000027448

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requester's Name)  
800 S.W. 87 AVENUE #10  
(Address)  
MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED STATES  
SECRETARY OF CORPORATIONS  
95 HPR-6 PM 2:29

(0001) 10% 6734

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

1. DORAL MEDICAL SYSTEMS CORP.  
(Corporation Name) (Document #) 400001453344  
-04/11/95--01076--015
2. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*\*78.75 \*\*\*\*\*78.75
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"/>	Amer. Agent
<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

**ARTICLES OF INCORPORATION**

**OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DORAL MEDICAL SYSTEMS CORP.**

95 APR -6 PM 2:29

WE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

**ARTICLE I**

**NAME**

The name of this corporation shall be:

**DORAL MEDICAL SYSTEMS CORP.**

**ARTICLE II**

**TERM OF EXISTENCE**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

**NATURE OF BUSINESS**

This corporation may engage in any activity or business permitted under the laws of the United States of America and the Laws of the State of Florida.

**ARTICLE IV**

**CAPITAL STOCK**

This Corporation is authorized to issue one class of shares of stock as follows:

- A) Designation: The stock shall be known as Common Stock.
- B) Authorized: The maximum number of shares of Common Stock that this corporation may issue is 500
- C) Par Value: Each Share of Common Stock shall have the par value of One Dollar (\$1.00)

**ARTICLE V**

**PRINCIPAL OFFICE**

The principal place of business of this corporation shall be:

6931 N.W. 82nd AVENUE  
MIAMI, FL 33166

ARTICLE VI

INITIAL RESIDENT AGENT AND STREET ADDRESS

The initial Registered Agent of this corporation is

ERNESTO GUTIERREZ

The street address of the initial Registered Agent of this corporation is:

7014 N.W. 21 STREET  
MIAMI, FL 33155

ARTICLE VII

BOARD OF DIRECTORS

This corporation shall at all times have at least one Director. The Stockholders of this corporation may, from time to time, and at any time, increase or diminish the size of the Board of Directors of this Corporation. The initial Board of Directors shall consist of:

LUIS FERNANDO GUEVARA

DIRECTOR

ARTICLE VIII

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

LUIS FERNANDO GUEVARA  
6931 N.W. 82nd AVENUE  
MIAMI, FL 33166

In witness whereof, the undersigned incorporator has executed this Articles of Incorporation this 03 of April, 1995.

  
\_\_\_\_\_  
signature

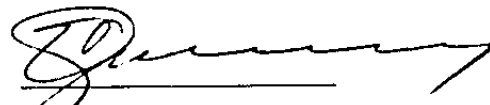
\_\_\_\_\_  
signature

STATE OF FLORIDA       )  
                                  )       SS.  
COUNTY OF DADE       )

BEFORE ME, the undersigned authority, personally appeared LUIS FERNANDO GUEVARA to me well know and know to me to be the individual described in, and who executed the foregoing Articles of Incorporation, and who acknowledge before me that the same was executed for the purposes therein expresses.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal in the state and county aforesaid, this 3 of April, 1995.



  
\_\_\_\_\_  
Notary Public-State of Florida  
At Large

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -6 PM 2:29

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.

The Name of the corporation is:

DORAL MEDICAL SYSTEMS CORP.

The name and address of the registered agent and office is: \_\_\_\_\_

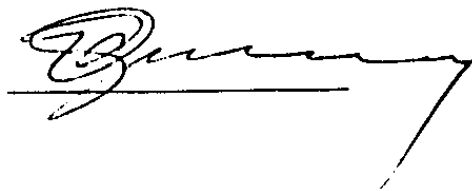
ERNESTO GUTIERREZ

7014 N.W. 21 STREET

MIAMI, FL 33155

HAVING BEEN NAME 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



DATE

3 APRIL, 1995