

P95000027845

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
890 S.W. 17 AVENUE, SUITE 16
(Address)
MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6735

OFFICE USE ONLY

FILED STATE
DIVISION OF CORPORATIONS
95 APR -7 PM 1:55

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

1. FLORIDA STATE HOME HEALTH CARE AGENCY
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☒ 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

RECEIVED
95 APR -7 PM 3:57
DIVISION OF CORPORATIONS

Examiner's Initials

4-7
KAN

**ARTICLES OF INCORPORATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 1:55

FLORIDA STATE HOME HEALTH CARE AGENCY INC.

We, the undersigned, do hereby associated ourselves together for the purpose of becoming a corporation under the law of the State of Florida, and do hereby adopt the following Articles of Incorporation.

ARTICLE ONE

The name of the corporation shall be **Florida State Home Health Care Agency Inc.**

ARTICLE TWO

This corporation shall have perpetual existence, and its corporate existence shall commence at the time of filing of the Articles of Incorporation by the Department of State.

ARTICLE THREE

This corporation shall engage in any activity of business permitted under the laws of United States and the States of Florida.

ARTICLE FOUR

The aggregate number of shares which this corporation shall have authority to issue is one hundred (100) shares with par value of (\$1.00) dollar each share.

ARTICLE FIVE

The street address of this corporation's ^{principal} registered office is **PURA MARIA GONZALEZ**
Miami, Florida 33126. **3741 nw 11 Street Rear**

ARTICLE SIX

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

PURA MARIA GONZALEZ - PRESIDENT AND TREASURER
JUANA LLUCH - VICEPRESIDENT

ARTICLE SEVEN

The names and addresses of each person subscribing to the initial shares of corporation are as follow:

PURA MARIA GONZALEZ 1000010017/PR CALIF
1741 NW 11 Street North
Miami, Florida 33154

JUANA LLUCH -VICTOR BLANCO
2115 76 Avenue
Miami, Florida 33166

ARTICLE EIGHT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders meeting by a majority of the stockholders entitled to vote thereon.

IN WITNESS WHEREOF, The undersigned has made, subscribed acknowledged these Articles of Incorporation, this 1 day of April, 1995.

PURA FARIAS - resident

JUANA LLUCH - VIC PRESIDENT

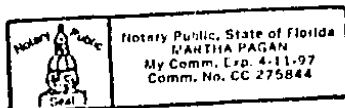
STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared this day **Pura Maria Gonzalez**, to me well known and who after being first by me duly sworn upon her oath, deposed and says that she is the person described in the foregoing Articles of Incorporation of **FLORIDA STATE HOME HEALTH CARE AGENCY INC.** : and that she executed the same freely and voluntarily and for the purposes therein expressed..

1995. WITNESS my hand and official seal, at Miami, Dade County, Florida, this 1 day of April

Martha Pagan
Notary Public
State of FLORIDA at large

My commission Expires:



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 1:55

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: Florida State Home
Health Care Agency Inc.

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

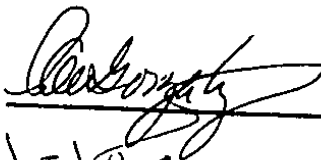
Rosa Maria Gonzalez
(NAME)

3741 NW 11 Street
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33126
(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



DATE

4/5/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000027845**

1. Corporation Name

FLORIDA STATE HOME HEALTH CARE AGENCY INC.

FILED

96 DEC -9 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3741 N.W. 11TH STREET - REAR
MIAMI FL 33126

Mailing Address

3741 N.W. 11TH STREET - REAR
MIAMI FL 33126

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1985

5. FEI Number

65-0572661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PTD / V	GONZALEZ, PURA MARIA	3741 N.W. 11TH STREET - REAR	MIAMI FL 33126
PTD / V	LEACH, JANA GONZALEZ, PURA MARIA	881 N.W. 40 AVENUE 3741 N.W. 11TH STREET - REAR	MIAMI FL 33126 MIAMI FL 33126

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***375.00 ***375.00

JB12-10-96

8. Name and Address of Current Registered Agent

GONZALEZ, PURA MARIA
3741 N.W. 11TH STREET - REAR
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

Pura Maria Gonzalez

REGISTERED AGENT MUST SIGN

Date 11-16-96

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pura Maria Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-96

Date

Daytime Phone #

1-305-

644-0455