

# P95000028229

FILED STATE  
SECRETARY OF CORPORATIONS  
05 APR 10 PM 2:39

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)  
890 S.W. 87 AVENUE, SUITE 116  
(Address)  
MIAMI, FLORIDA 33174 (305) 552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE  
(904) 385-6735

OFFICE USE ONLY

700001455557  
-04/13/95--01021--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. MD MANAGEMENT SERVICES, 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/<br>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**

**MD MANAGEMENT SERVICES , INC**

FILED  
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DIVISION OF CORPORATIONS

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**MD MANAGEMENT SERVICES , INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

2112 N.W. 99 AVE suite 100  
MIAMI FLORIDA 33172

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES, HAVING AN INDIVIDUAL PAR VALUE OF ONE (1) DOLLAR

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

VICENTE INCLAN  
2112 N.W. 99 AVE suite 100  
MIAMI FLORIDA 33172

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VICENTE INCLAN

2112 N.W. 99 AVE suite 100  
MIAMI FLORIDA 33172

**ARTICLE VI**

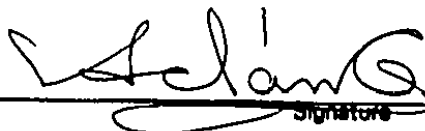
The initial Board of Directors shall consist of a total of ( 1 ) one person, and the name and address of the person who is to serve as an initial director is:

VICENTE INCLAN

2112 N.W. 99 AVE suite 100  
MIAMI FLORIDA 33172

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of APRIL, 1995.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

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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: MD MANAGEMENT SERVICES, INC

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

VICENTE INCLAN

(NAME)

2112 N.W. 99 AVE suite 100

(P.O. BOX NOT ACCEPTABLE)

MIAMI FLORIDA 33172

(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

4-4-95

REGISTERED AGENT FILING FEE: \$35.00