

P95000031086

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)385-6735

OFFICE USE ONLY

FILED  
SECRETARY OF CORPORATIONS  
TALLAHASSEE  
95 APR 20 PM 2:54

4000014655.14  
-04/26/95--01000--010  
\*\*\*\*122.50 \*\*\*\*\*87.50

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

1. LEBRATT'S MEDICAL EQUIPMENT, 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

W95-8435

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

609

Dmc 4/19/95

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 19, 1995

LAZARUS CORPORATE INDUSTRIES, INC.  
890 SW 87 AVENUE SUITE 16  
MIAMI, FL 33174

SUBJECT: EBRATT'S MEDICAL EQUIPMENT, INC.  
Ref. Number: W95000008435

We have received your document for EBRATT'S MEDICAL EQUIPMENT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 295A00018437

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 20 PM 2:54

CERTIFICATE OF INCORPORATION  
OF  
EBRATT'S MEDICAL EQUIPMENT, INC.

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I (We) the undersigned, do to hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions

\*\*\*\*\*ARTICLE ONE\*\*\*\*\*

The name of the corporation shall be:

THE NAME OF THE CORPORATION SHALL BE

EBRATT'S MEDICAL EQUIPMENT, INC.

\*\*\*\*\*ARTICLE TWO\*\*\*\*\*

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

\*\*\*\*\*ARTICLE THREE\*\*\*\*\*

.. The maximum number of shares of stock which the corporation shall have outstanding at any time, shall be Five Hundred (500) of stocks which shall be common stocks par value of One (\$1.00) Dollar per share.

All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at true value thereof.

\*\*\*\*\*ARTICLE FOUR\*\*\*\*\*

This corporation shall begin business with a minimum capital of the amount of Five Hundred (500) Dollars

\*\*\*\*\*ARTICLE FIVE\*\*\*\*\*

This corporation shall have perpetual existence.

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\*\*\*\*\*ARTICLE SIX\*\*\*\*\*

The principal office of the corporation shall be located at:

. P. O. BOX 170639  
. HIALEAH, FLORIDA 33017-0639

. Other office for the transaction of business may  
be located wherever the Directors may deem necessary or  
expedient.

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\*\*\*\*\*ARTICLE SEVEN\*\*\*\*\*

. The business of the corporation shall be managed  
by a Board of Directors, who need not be stockholders of the  
corporation. The number of Directors, not less than one, shall  
be fixed by resolution or special meeting, subject to the manner  
of holding such meetings prescribed by the by-laws.

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\*\*\*\*\*ARTICLE EIGHT\*\*\*\*\*

The names and post office addresses of the members of the Board of Directors and the 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: ~~\_\_\_\_\_~~

BOARD OF DIRECTORS:	NAME	ADDRESS
PRESIDENT	MARIA E. HIDALGO	20132 N.W. 62ND AVE. MIAMI, FL 33015
SEC. TREASURER	FRANCISCA MARTINEZ	2291 S.W. 17TH STREET MIAMI, FL 33145

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\*\*\*\*\*ARTICLE NINE\*\*\*\*\*

The name and post office addresses of each of the subscribers to this certificate of Incorporation, and the number of shares of stock which each subscriber agrees to take, are as follows:

SUBSCRIBER:

NAME	ADDRESS	NO. OF SHARE
MARIA E. HIDALGO	20132 N.W. 62ND AVE MIAMI, FL 33015	250
FRANCISCA MARTINEZ	2291 S.W. 17TH STREET	250

  
MARIA E. HIDALGO

  
FRANCISCA MARTINEZ

\*\*\*\*\*ARTICLE TEN\*\*\*\*\*

This corporation shall have full power to carry on and transact each of all of the business enumerated in Article Two of the Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

\*\*\*\*\*ARTICLE ELEVEN\*\*\*\*\*

This corporation shall have the power to issued the whole or any part determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until thereof shall have been paid.

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\*\*\*\*\*ARTICLE TWELVE\*\*\*\*\*

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the neccessity of further authority from the stockholders, except as by law on this certificate otherwise any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of stockholders holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided by the by-laws of the Board of Directors.

All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof



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\*\*\*\*\*ARTICLE THIRTEEN\*\*\*\*\*

The corporation does hereby designate to the following address  
as its registered office:

20132 N.W. 62nd Ave.  
Miami, Florida 33015

The corporation does hereby designate:

MARIA E. HIDALGO

AS ITS RESIDENT AGENT:

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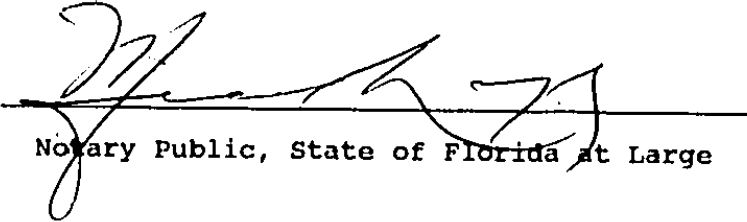
STATE OF FLORIDA)  
COUNTY OF DADE )<sup>SS</sup>

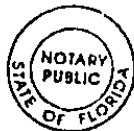
BEFORE ME, the undersigned authority, duly authorized to  
administer oaths and take acknowledgements, personally appeared:

MARIA E. HIDALGO

who, after being by me first duly sworn, executed the foregoing  
Certificate of Incorporation, freely and voluntarily for the  
purpose therein expressed.

IN WITNESS WHEREOF, I have hereto set my hand and official seal  
at Miami, said county and State:

  
Notary Public, State of Florida at Large



MANUEL LOPEZ  
My Comm Exp. 8/02/96  
Bonded By Service Ins  
No. CC219188  
☐ Personally Known ☐ Other I.D.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 20 PM 2:54

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following  
is submitted, in compliance with said act:

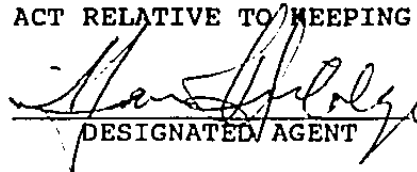
MARIA E. HIDALGO

desiring to organize under the Laws of the state of FLORIDA  
with its principal office, as indicated in the Articles of  
Incorporation at:

STATE OF FLORIDA AS NAME AS: EBRATT'S MEDICAL EQUIPMENT, INC.  
AT 20132 N.W. 62nd Ave. Miami, Florida 33015 COUNTY OF DADE AT  
ITS AGENT TO ACCEPT SERVICES OF PROCESS THIS STATE

ACKNOWLEDGEMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS  
FOR THE ABOVE STATED CORPORATION, AT PLACE DESIGNATED IN THIS  
CERTIFICATE y HEREBY ACCEPT TO ACT IN THIS CAPACITY AND AGREE  
TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING  
OPEN SAID OFFICE.

  
DESIGNATED AGENT