

P95000032685

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
STATE
OPERATIONS
DIVISION OF CORPORATIONS
55 APR 26 PM 2:11

000001468790

-05/01/95--01021--008

***122.50 ***122.50

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

1. GIRON MEDICAL SUPPLIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:10

☒ 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

4-26
KON

**ARTICLES OF INCORPORATION
OF**

GIRON MEDICAL SUPPLIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 26 PM 2:11

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

GIRON MEDICAL SUPPLIES, INC.

The principal address of this corporation shall be:

*7580 SW 30 Terrace
MIAMI, FL 33155*

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for business permitted under the laws of the United States, the State of Florida or any other State, Country, Territory or Nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock at a par value of \$1.00 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 7580 SW 30 Terrace, Miami, FL 33155 and the name of the initial registered agent of the corporation at that address is _____

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This Corporation shall have Officer (s) and Director (s), initially. The name and street address of the initial Officer (s) and Director (s) who shall hold office for the first year of the corporation, of until his successor is elected or appointed are/is:

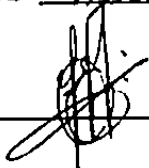
IRAFIN M. FERREIRO - PRESIDENT
7580 SW 30 TER.
MIAMI, FL 33155

ARTICLE VII. SUBSCRIBER

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

IRAFIN M. FERREIRO
7580 SW 30 TER.
MIAMI, FL 33155

In WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this 21 day of April, 1995.

*  _____ (SEAL)

Certificate designated place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 48.091, Florida Statutes, the following is submitted:

First that Sirom Medical Supplies, Inc.
(NAME OF CORPORATION)

Desiring to organize or qualify under the laws of the State of Florida, with its principle place of business at city of MIAMI
(CITY)

State of Florida, has named IRWIN M. FERRELL,
(STATE) (NAME OF RESIDENT AGENT)

located at 7580 SW 30 TH MIAMI, FL 33155
(STREET ADDRESS AND NUMBER OF BUILDING)
(POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

City of MIAMI, State of Florida, as its agent to accept
(CITY)

services of process within florida.

SIGNATURE

X 
(CORPORATE OFFICER)

TITLE

PRESIDENT

DATE

4/21/95

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE

X 
(RESIDENT AGENT)

DATE

4/21/95

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

95 APR 26 PM 2:11

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/agent, in the State of Florida.

1. The name of the Corporation is:

GIRON MEDICAL SUPPLIES, INC.

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

LEFRAN M. FERREIRO
(NAME)

7580 SW 30 TERRACE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33155

(CITY/STATE/ZIP CODE)

SIGNATURE 

(CORPORATE OFFICER)

TITLE

PRESIDENT

DATE

4/21/95

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. 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

4/21/95