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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 26 PM 2:11

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

800 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

100001468791  
-05/01/95--01021--009  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. D & J Home Health Care, 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

95 APR 25 PM 4:47  
DIVISION OF CORPORATIONS

Examiner's Initials

4-26  
KON

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DIVISION OF CORPORATIONS  
95 APR 26 PM 2:11

**ARTICLES OF INCORPORATION  
OF**

**J & J HOME HEALTH CARE, INC.**

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:

**J & J HOME HEALTH CARE, INC.**

The principal address of this corporation shall be:

**321 EAST 6TH STREET, APT. 213, HIALEAH, FLORIDA 33010**

**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 321 EAST 6th STREET, APT. 213, HIALEAH, FL 33010 and the name of the initial registered agent of the corporation at that address is JOHNNY ORTIZ

**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:

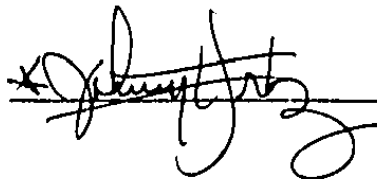
JOHNNY ORTIZ- 321 EAST 6th STREET, APT 213, HIALEAH, FL 33010  
JORGE L. PADRON - 321 EAST 6th STREET , APT 213, HIALEAH, FL 33010

**ARTICLE VII. SUBSCRIBER**

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

JOHNNY ORTIZ  
321 EAST 6th STREET, APT 213  
HIALEAH, FL 33010

In WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this 17 day of MARCH, 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 J & J HOME HEALTH CARE, 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  
HIALEAH  
( CITY)

State of Florida, has named JOHNNY ORTIZ,  
(STATE) (NAME OF RESIDENT AGENT)

located at 321 EAST 6th STREET, APT 213, HIALEAH, FL 33010  
(STREET ADDRESS AND NUMBER OF BUILDING)  
(POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

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

services of process within florida.

SIGNATURE

X [Signature]  
(CORPORATE OFFICER)

TITLE

PRESIDENT

DATE

MARCH 17, 1995

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 [Signature]  
(RESIDENT AGENT)

DATE

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

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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:


J & J HOME HEALTH CARE, INC.

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

JOHNNY ORTIZ  
(NAME)

321 EAST 6 STREET, APT. 213  
(P.O. BOX NOT ACCEPTABLE)

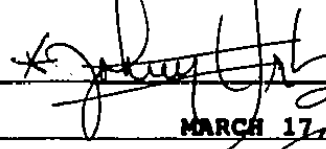
HIALEAH, FLORIDA 33010  
(CITY/STATE/ZIP CODE)

SIGNATURE   
(CORPORATE OFFICER)

TITLE PRESIDENT

DATE MARCH 17, 1995

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 MARCH 17, 1995