

P95000032708

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

800 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

FILED STATE
SECRETARY OF STATE
CORPORATION
SERIES 26 APR 2 1985

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

1. LOVE CARE MEDICAL EQUIPMENT 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/ 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

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

LOVE CARE MEDICAL EQUIPMENT SERVICES, INC.

ARTICLE I - NAME

The name of this corporation is _____

LOVE CARE MEDICAL EQUIPMENT SERVICES, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue sixty (60) shares of no par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial office of this corporation is 10513 S.W. 40th Street, miami, fl. 33165

and the name of the initial registered agent of this corporation is Esmeralda Fonseca

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE. The name and address(es) of the initial director(s) of this corporation is (are):

<u>Esmeralda Fonseca</u>	<u>10513 S.W. 40TH Street</u>
	<u>Miami, Fl. 33165</u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX - INCORPORATOR

The name(s) and address(es) of the person(s) signing these articles is (are):

Esmeralda Fonseca

10513 S.W. 40 Street
Miami, Fl. 33165

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these articles of incorporation this 19th day of April, 1995.


Esmeralda Fonseca

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

In compliance with section 607.034 of the Florida Statutes,
the following is submitted: Love Care Medical Equipment
Services, inc.
desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of
Miami, County of Dade, State of Florida, has named _____
Esmerald Fonseca located at _____
10513 S.W. 40th. Street in the City of Miami, County of Dade,
State of Florida as its agent to accept service of process within
the State of Florida.

ACKNOWLEDGMENT

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

Dated this 19th day of April, 1995.



Resident and Registered Agent