

P95000033168

OFFICE USE ONLY (Document #)

CAZARUS CORPORATE INDUSTRIES, INC.

(Incorporator's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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SECRETARY OF CORPORATIONS  
95 APR 28 PM 2:58

(904) 385-6715

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

1. J.I. AND I. MEDICAL EQUIPMENT CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) 888001469450  
-05/01/95--01056--020
4. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*\*43.75 \*\*\*\*\*43.75

☒ Walk in

☒ Pick up time 2:00

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of

000001469450  
-05/01/95--01056--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

| 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               |

CR21001(9/92)

Examiner's Initials

KAN

4-27

ARTICLES OF INCORPORATION

OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

J. I. AND I. MEDICAL EQUIPMENT CORP.

95 APR 27 PM 2:58

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

ARTICLE I NAME

The name of the Corporation shall be J. I. AND I. MEDICAL EQUIPMENT CORP.

The principal place of business of this corporation shall be 1421 SW 8 st suite 205  
Miami, FL 33135

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or 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 aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 100 Shares - 1.00 Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Alden Leiva  
1421 SW 8 st suite 205-A  
Miami, FL 33135

President

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Alden Leiva

1421 SW 8 st suite 205-A  
Miami, Fl 33135

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of April, 1995.

Signature(s) of Incorporator(s)

*Alden Leiva*  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF Florida  
COUNTY OF Dade

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 27 PM 2:58

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 J.I. and I. Medical Equipment Corp.

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

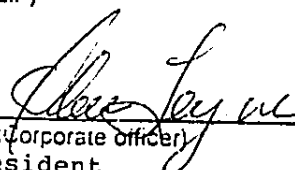
Alden Leiva

1421 SW 8 st suite 205-A

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33135

(CITY/STATE/ZIP)

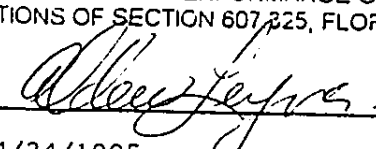
SIGNATURE 

(Corporate Officer)

TITLE President

DATE 04/24/1995

HAVING BEEN NAMED TO ACCEPT SERVICE OR 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 04/24/1995

REGISTERED AGENT FILING FEE: