

195000033714

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

700001473857
-05/03/95--01137--005
*****78.75 *****78.75

OFFICE USE ONLY

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

1. MENT MEDICAL SERVE CORP.
(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

ARTICLES OF INCORPORATION

OF

MEMT MEDICAL SERVE CORP.

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: MEMT MEDICAL SERVE 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):

Moraima Urdanivia
1421 SW 8 st suite 205
Miami, FL 33135

President

95 MAY -1 PM 3:00

ARTICLE VI INCORPORATOR(S)

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

1421 SW 8 st suite 205
Miami, FL 33135

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed
these Articles of Incorporation this 27 day of April, 1995

Signature(s) of Incorporator(s)

Moraima Urdanivia

STATE OF Florida
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this
____ day of _____, 19____, by _____
(Name of incorporator)

of _____
(Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)
ARTICLES OF INCORPORATION FILING FEE:

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 Memt Medical Serve Corp.

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

Moraima Urdanivia

1421 SW 8 st suite 205

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33135

(CITY/STATE/ZIP)

SIGNATURE

Moraima Urdanivia
(Corporate officer)

TITLE President

DATE 04/27/1995

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

Moraima Urdanivia

DATE 04/27/1995

REGISTERED AGENT FILING FEE

APR 28 1995
PM 3:20