

995000037485

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

8915 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

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

1. TAUMEL MEDICAL EQUIPMENT, 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

NANCY HENDRICKS MAY 11 1995

Examiner's Initials

ARTICLES OF INCORPORATION
OF
TAUMEL MEDICAL EQUIPMENT, INC.

FILED
95 MAY 11 AM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of performing a corporation under the Florida General Corporation Act, hereby adopt(s) the followings Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
TAUMEL MEDICAL EQUIPMENT, INC.

The principal place of business of this corporation shall be:
4810 SW 4 St. Miami FL. 33134

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: **1000 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):

Ivonne Isabel Tamayo

**4810 SW 4 St.
Miami FL. 33134**

President & Treasurer

**Prepared by:
Ivonne Isabel Tamayo
4810 SW 4 St.
Miami FL. 33134**

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) is (are):

**Ivonne Isabel Tamayo 4810 SW 4 St.
Miami FL. 33134**

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8 day of May, 1995.

Signature(s) of Incorporator(s)

Ivonne Tamayo

**STATE OF: FLORIDA
COUNTY OF: DADE**

THE FOREGOING instrument was acknowledged and sworn to before me this 8 day of May, 1995, by **Ivonne Isabel Tamayo FDL T500-409-71-530-0** of **TAUMEL MEDICAL EQUIPMENT, INC.**

Notary Public

My Commission Expires: _____

(SEAL)
ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is : TAUMEL MEDICAL EQUIPMENT, INC.
2. The name and address of the registered agent and office is:

Ivonne Isabel Tamayo 4810 SW 4 St
Miami FL. 33134

FILED
95 MAY 11 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Ivonne Tamayo
TITLE President and Treasurer
DATE: May 8, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, Y 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 Ivonne Tamayo
DATE _____

REGISTERED AGENT FILING FEE: