

P950000 38261

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

890 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

100001489321
-05/16/95--01137--007
****122.50 ****122.50

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

1. FAMILIES SUPPORT HOME HEALTH, 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

RECEIVED
95 MAY 15 AM 10:44
DIVISION OF CORPORATION

NANCY HENDRICKS MAY 15 1995

Examiner's Initials

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: FAMILIES SUPPORT HOME HEALTH, INC.
(PROPOSED CORPORATE NAME)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM:

Justo J. Ruiz
NAME (PRINTED OR TYPED)

3015 SW 99 CT.
ADDRESS

MIAMI, FL. 33165
CITY, STATE, & ZIP

(305) 886-2455
TELEPHONE NUMBER

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION
OF

FAMILIES SUPPORT HOME HEALTH, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

FAMILIES SUPPORT HOME HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3015 SW 99 COURT
MIAMI, FL 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES WITH A PAR VALUE OF \$5.00 PER COMMON STOCK WHICH SHALL BE DESIGNATED "COMMON SHARES".

FILED
95 MAY 15 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Justo J. Ruiz
3015 SW 99 CT.
MIAMI, FL 33165

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Justo J. Ruiz	- PRESIDENT/D/
3015 SW 99 CT.	V.P./R.A./
MIAMI, FL 33165	TREASURER

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11 day of May, 19 95.

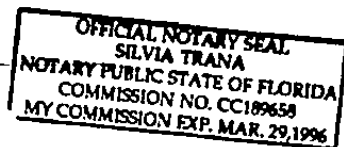

SIGNATURE(J.J. RUIZ)

STATE OF Florida

COUNTY OF Dade

The foregoing instrument was acknowledged before me this 11 day of May, 19 95 by J. J. Ruiz who is personally known to me or who has produced J.I.D. as identification and who did take an oath.

Notary Public Signature Silvia Trana
Commission expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 MAY 15 PM 12:35
SECRET
TALLAHASSEE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 FL.

1. The name of the corporation is:

FAMILIES SUPPORT HOME HEALTH, INC.

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

Justo J. Ruiz
(NAME)

3015 SW 99 CT.
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33165
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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. I 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 POSITIONS REGISTERED AGENT.

REGISTERED AGENT'S SIGNATURE

DATE

STATE OF Florida
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 11 day of May 1995 by J. J. Ruiz who is Name of Applicant personally known to me or who has produced J. J. Ruiz Type of I.D. as identification and who did take an oath.

Notary Public Signature
Commission expires:

