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93 MAY 23 PM 1:41

SECRET  
TALLAHASSEE, FLORIDA

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 #)

OFFICE USE ONLY

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

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-05/24/95--01061--000  
\*\*\*122.50 \*\*\*122.50

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

1. LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES 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 23 1995

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES INC.

95 JUN 20 1961

FILED

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) / Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

EFRAIN GALVEZ  
4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165

The Principal office shall be:

4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165

#### ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: EFRAIN GALVEZ  
4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165

V.PRESIDENT: ANDY GELGADO  
4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165

SECRETARY/  
TREASURER: NANCY MARTIN  
4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165


The name and address of the incorporator executing these Articles of Incorporation is:

EFRAIN GALVEZ


ANDY DELGADO

4415 S.W. 127 CT.  
MIAMI, FLORIDA 33165

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 22 day of MAY, 1995.

x Efrain Galvez 

DL# G412-200-62-169-0

x Andy Delgado 

DL# D423-000-69-361-0

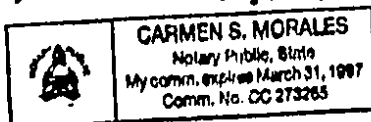
STATE OF FLORIDA }  
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared EFRAIN GALVEZ known to me and ANDY DELGADO known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 22 day of MAY, 1995.

Carmen S. Morales  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 807.0501 or 817.0501, 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 Florida.

1. The name of the corporation is: LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL

& SALES INC.

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

EFRAIN GALVEZ

(NAME)

4415 S.W. 127 COURT

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33165

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF 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 POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 5/22/95