

P95000041646

LAZARUS CORPORATE INDUSTRIES, INC.
(Registrant's Name)
890 S.W. 87 AVENUE, SUITE 116
(Address)
MIAMI, FLORIDA 33174 (305) 552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904) 305-6735

100001502501
-05/31/95--01105--009
****122.50 ****122.50

OFFICE USE ONLY

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

1. BEST IDEA MEDICAL SERVICES, CORPORATION
(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

95 MAY 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

SDS

ARTICLES OF INCORPORATION
OF
BEST IDEA MEDICAL SERVICES, CORPORATION

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: BEST IDEA MEDICAL SERVICES, CORPORATION

The principal place of business of this corporation shall be: 8567 Coral Way
#262
Miami Florida, 33155

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:

100x\$1.00= \$100.00

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): Aldo Cisneros Director

8567 Coral Way #262

Miami Florida 33155

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95 MAR 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI INCORPORATOR(S)

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

Aldo Cisneros President, Sec. Treasurer
8567 Coral Way #262
Miami Florida, 33155

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

Signature(s) of Incorporator(s)

STATE OF Florida

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 24 day of May, 1995, by Aldo Cisneros.

(Name of Incorporator)

of Best Idea Medical Services, Corporation

(Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$20

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. AUG. 22, 1997
BONDED THRU GENERAL INS. UND.

**CERTIFICATE DESIGNATING
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: BEST IDEA MEDICAL SERVICES, CORPORATION

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

Aldo Cisneros.

8567 Coral Way #262

(P.O. BOX NOT ACCEPTABLE)

Miami Florida, 33155

(CITY/STATE/ZIP)

SIGNATURE [Signature]

(Corporate Officer)

TITLE President.

DATE 5-24-95

HAVING BEEN NAMED TO ACCEPT SERVICE OF 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 [Signature]

(Registered Agent)

DATE 5-24-95