

195000042272

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)385-6715

OFFICE USE ONLY

500001504845
-06/02/95--01052--009
****367.50 ****122.50

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

1. OCEAN MEDICAL SUPPLIES 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

FILED
95 MAY 31 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
95 MAY 31 AM 11:04
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

OF

OCEAN MEDICAL SUPPLIES 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:

OCEAN MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

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

801 WEST 49 STREET, SUITE # 202, HIALEAH, FLORIDA, 33012.-

ARTICLE III CAPITAL STOCK

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

ONE HUNDRED SHARES (100) WITH (\$ 5.00) DOLLARS PER VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ISABEL GUERRA

801 W. 49 ST, # 202
HIALEAH, FL, 33012.-

FILED
95 MAY 31 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

ISABEL GUERRA

801 WEST 49 ST, # 202
HIALEAH, FL, 33012.-

The undersigned has(have) executed these Articles of Incorporation this

26 day of MAY, 19 95

X [Signature] President,
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: OCEAN MEDICAL SUPPLIES INC.

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

ISABEL GUERRA
(NAME)

801 WEST 49 STREET,

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA, 33012.-

(CITY/STATE/ZIP)

SIGNATURE *Isabel Guerra*

(corporate officer)

TITLE

President,

DATE May 26, 1995

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 *Isabel Guerra*

DATE

May 26, 1995

95 MAY 31 PM 1:26
CLERK OF STATE
TALLAHASSEE
FLORIDA

FILED