P95000044171

LAZARUS CORPORATE INDUSTRIES, INC.	
890 S.W. 87 AVENUE, SUITE: 16	
(Aldress)	
MIAMI, FLORIDA 33174 (305)552-5973	OFFICE USE ONLY
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSEE	
(904)385-6715	

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

SOUDDAY	医中央管理中枢
~0£,409,445~~0	1052010
*** *122,50	****122,50

	(Corporatio	RIUS RENTAL	(Document #)	
2	(Corporatio	n Name)	(Document #)	
3				
4.	(Corporatio	n Name)	(Dosument #)	
	(Corporatio	n Name)	(Document #)	12 G
<u> </u>	Walk in Pic	k up time <u> </u>	Certified Copy	
	Mail out W	ill wait Photocopy	Certificate of Status	61 1 11 to
	EW FILINGS	AMENDMENTS		<u>.</u>
NE				51 -11
/ Profit		Amendment		
		Amendment Resignation of R.A., Officer,	Director	20 21
Profit NonPr				#-(-14 *)
Profit NonPr	rofit	Resignation of R.A., Officer		<u> </u>

OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	

MANCY HENDRICKS JUN - 8 1995

Examiner's Initials

CR2E031(10/92)

TRANSMITTAL LETTER

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

SUBJECT: <u>SAGITARIUS RENTAL MEDICAL CORP.</u> (Proposed corporate name - must include suffix)				
Enclosed is an original for: \$70.00 Filing Fee	and one (1) cor #78.75 Filing Fee & Certificate	by of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and a check \$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	ODALYS PER	EIRA (printed or typed)	<u>, i i i i i i i i i i i i i i i i i i i</u>	
	# 3610 N	w 15 street Address		
	Miami Fla	33125 City, State & Zip	·	
	(305) 63 Daytim	5-7256 ne Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION TO THE SECOND TO T

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:

SAGITARIUS RENTAL MEDICAL CORP.

ARTICLE II PRINCIPAL OFFICE

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

3610 N.W 15 Street Miami, Florida, 33125

ARTICLE III SHARES

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

 $10 \times $100 = 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ODALYS PEREIRA

3610 N.W 15 Street

Miami, Florida, 33125

ARTICLE V INCORPORATORIS

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

ODALYS PEREIRA

#3610 N.W 15 street

Miami, Florida. 33125

The undersigned incorporator(s) has(have) executed these Articles of Inco	orporation this
seventh day of _	June 19_95 .	
· Service	Signature	
	Signature	

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 FLORIDA.

1. The name of the corporation is: <u>SAGITARIUS RENTAL MEDIC</u>	CAI. CO	RP_	_
2. The name and address of the registered agent and office is:		5 (1)	
ODALYS PEREIRA		, ;	. .4
(Name)		: k 	. :
# 3610 N.W 15 Street			
(P.O. Box not acceptable)			
Miami, Florida, 33125			
(City/State/Zip)			
Having been named as registered agent and to accept service of above stated corporation at the place designated in this certificat the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relating to the proper mance of my duties, and I am familiar with and accept the obligations registered agent.	process e, I here city. I fu and con ons of n	for the by accurate of npiete ny pos	ne cept agree perfor- ition
(Signature) 6/7/95	Date)	_	

ARUS CORPORATE INDUSTRIES, Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973
City/State/Zip Plione # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status MANEW FILINGS MA AMENDMENTS NonProfit Resignation of R.A., Officer/D Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal

OTHER FILINGS **Annual Report** Fictitious Name Name Reservation

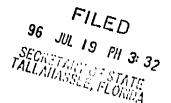
Profit

Other



Examiner's Initials

ARTICLES OF DISSOLUTION



Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is SAGITARIUS RENTAL MEDICAL CORP
	The articles of incorporation were filed on
THIRD:	(check one) None of the corporation's shares have been issued. The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (check one)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ned this15
	Signature (By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)
	Odalys Pereira (Typed or printed name)